**Request for permission to carry out a scientific study to discussion**

**Personal data**

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| Name, surname, degree: |

**Study data**

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| Study programme: |
| Training place (department):  |
| Supervisor: |
| Year: |
| Form of study**:** □ full time □ combined |

**Doctoral student**

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| I request permission to carry out scientific discussion entitled:Date: Signature: |

**Supervisor**

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| Date: Signature: |

**Head of the training institute**

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| As a reviewer of the scientific study I propose:Name of the proposed reviewer:Workplace:Contact information (email, telephone):Date: Signature: |

**Chair of BB**

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| Date: Signature: |