University of South Bohemia in České Budějovice

**FACULTY OF SCIENCE**

# **APPLICATION**

#  **FOR THE STATE DOCTORAL EXAM / THESIS DEFENSE**

**Name and surname of candidate:** .........................................................................................

Title(s): .................................

Date and place of birth: ..................................................................................................

Address (street no., town, postcode, telephone, e-mail): ....................................................................

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**I hereby apply for the doctoral state examination / thesis defence (delete as appropriate)**

Department: ..................................................................................................................................

Name of thesis: .......................................................................................................

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Supervisor: ...............................................................................................................................

Form of study (full-time or combined): ...................................................................

I accept that the information on the name date and place of my defence will be published on the faculty’ web page.

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|  |

I agree

|  |
| --- |
|  |

I disagree

In ................................................................ date .................................................

 .....................................................

 signature

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Attachments: