**Request for interruption of doctoral studies**

*according to the* *Study and Examination Regulations for students of CTU Prague, section 4, art. 26, para. 6 c)*

**Doctoral student**

|  |  |  |
| --- | --- | --- |
| Name Surname TitleDate of commencement of studies      E-mail @Mobile Phone number **+     –**Form of study  | Study programme Department Supervisor Specialist supervisor  |  |

**I request an interruption of my doctoral studies from**       **to**

Justification: **- required -**

|  |  |
| --- | --- |
|        *date* | …………………………………*Signature of doctoral student* |

|  |  |
| --- | --- |
| **Statement of the chairman of the Specialist Advisory board (SAB)**In response to the above request: 🞏 🞏 I recommend I do not recommend……………………………………………………*Signature of supervisor* | **Statement of the head of the department**In response to the above request: 🞏 🞏 I recommend I do not recommend……………………………………………………*Signature of the head of the department* |
| **Dean's statement**In response to the above request: 🞏 🞏 I agree I do not agree ………………………………………………………… *signature of the dean* |

*Note: After the period of study interruption, the right to re-enroll in the study arises. After the end of the interruption, the student is obliged to report the entry to the department within 5 days in the Department of Science and Research of the Dean's Office of the Faculty of Transport (No. 313).*