# STATE DOCTORAL EXAMINATION APPLICATION

Name and Surname:…………………………………………………………….

Date of birth:…………………………………………..

In study programme:....................................................................................……….........................

In courses: ......................................................................................................….............

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Contact address: ………………………………………………………………………………...… ............................................................................................................……………………………..

E-mail: ..................................................................…………………………………..

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Date: Student´s Signature

Enclosure:

A copy of a proof of completion of the exams set in an individual study plan of a PhD student