**Application for permission**

**of the dissertation thesis defence (PhD.)**

Surname, Name, title:

Correspondence address:

Date and place of birth:

Citizenship:

Nationality:

University education:

Workplace:

Doctoral studies (from-to, where):

Supervisor:

Doctoral examinations (insert date): *Dissertation exam*

Dissertation topic:

Field of Study: General Medicine / Dental Medicine / Public Health / Pharmacy

Study Program:

Date:

*Applicant's signature and corresponding address*