Name of doctoral student with titles, Workplace, Workplace address, Tel. and e-mail contact

Mr./Mrs.

Name and surname of the dean

Dean of UPJŠ FM

Tr. SNP 1

040 11 Košice

Košice, date

**Application for permission of the dissertation thesis defence**

Dear Dean,

I would like to ask you for permission to defend the dissertation and approval of opponents. I am a full-time/external doctoral student in the field of study: General Medicine / Dental Medicine / Public Health / Pharmacy, study program: INDICATE NAME OF STUDY PROGRAM at the INDICATE NAME OF THE WORKPLACE.

Thesis topic title: "…. "

Sincerely

 *signature of doctoral student*

**Supervisor's statement:**

I agree with the defense of the dissertation and I propose following opponents: \*

1.

2.

3.

*Substitute:*

4.

*full name and signature of the supervisor*

**Statement of the Chairman of the Study Program Commission (SPC):**

I agree / I do not agree with the defense of the dissertation.

*full name and signature of the chairman of the SPC*