



REQUEST TO GRANT AN ALTERNATIVE DATE TO SUBMIT BACHELOR/MASTER THESIS

I. PERSONAL DETAILS

Surname:	_____	First name:	_____
Degree(s):	_____	Date of birth:	_____
Permanent address:	_____		
Contact address:	_____		
Telephone:	_____	E-mail:	_____

II. STUDY DETAILS

Faculty/Institute:	_____	Academic year:	_____	Year:	_____
Type of studies:	<input type="radio"/> Bachelor / <input type="radio"/> Master	Form of studies:	<input type="radio"/> Full-time / <input type="radio"/> Part-time		
Study programme, branch:	_____				

III. REQUEST DETAILS

Reasons for request:

Date

Applicant's signature

IV. STATEMENT OF SUPERVISOR OF THESIS

I agree

I do not agree for the following reasons: _____

Date

Name and signature

V. STATEMENT OF HEAD OF INSTITUTE/DEPARTMENT

I agree

I do not agree for the following reasons: _____

Date

Name and signature

VI. DECISION OF DEAN/DIRECTOR

I grant the request and set the alternative date of submission of bachelor/master thesis for: _____

I reject the request for the following reasons: _____

Date

Signature of dean/director