

PhD student

## INDIVIDUAL STUDY PLAN

First name, family name, academic degree:					
Date of registration:					
Department: Supervisor: Supervisor-specialist: Dissertation topic:					
Planned term of the state doctoral exam:  Planned term of the dissertation defence:					
Compulsory courses:	Planned semester of the exam	Actual date of the exam	Examiner		
Compulsory options:					
Optional courses:					



Pedagogical practice (full-time study)	<ol> <li>semester</li> <li>semester</li> <li>semester</li> </ol>	yes/no yes/no yes/no	<ul><li>2. semester</li><li>4. semester</li><li>6. semester</li></ul>	yes/no yes/no yes/no
Planned internship:				
Research activity:				
Activity at the department:				
	Doctoral student's signature			
Supervisor`s signature	Signature of the he		Signature of the Subject Advis	