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| --- | --- | --- | --- |
| *Name:*  |  | *Programme:*  |  |
| *Date and place of birth:*  |  | *Year of study:*  |  |
| *Address:*   |  | *Postal code:* |  |

***REQUEST***

*for thesis supervisor from other CULS faculties*

*Thesis supervisor agrees with the expert guidance of student of FES in the preparation of a thesis on the topic:*

*…………………………………………………………………………………………………………………………………………………………………………*

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| *Name of supervisor:* |  | *Faculty, Department:* |  |

 *Study programme guarantee´s opinion:* *Date and signature:*

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*Opinion of the supervisor´s Head of department: Date and signature:*

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 *Opinion of Vice-dean for teaching and learning: Date and signature:*

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***Dean`s opinion:******Date and signature:***

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