|  |  |  |  |
| --- | --- | --- | --- |
| *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:*

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

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

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

|  |  |
| --- | --- |
|  |  |

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

|  |  |
| --- | --- |
|  |  |

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

|  |  |
| --- | --- |
|  |  |

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

|  |  |
| --- | --- |
|  |  |