STATE RIGOROSUM EXAMINATION APPLICATION FORM

## I. Applicant Information

*Personal data*

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | | |
| Given Name |  | | |
| Maiden Name |  | | |
| Academic Title |  | Date of Birth |  |
| Place of Birth |  | Birth Registration Number |  |
| Citizenship |  | Nationality |  |

*Permanent Residence Address*

|  |  |  |  |
| --- | --- | --- | --- |
| Street |  | House Number |  |
| Town |  | Post Code |  |
| State |  |  |  |
| E-mail |  | Telephone number |  |

*Correspondence Address (if it differs from Permanent Residence Address*)

|  |  |  |  |
| --- | --- | --- | --- |
| Street |  | House Number |  |
| Town |  | Post Code |  |
| State |  |  |  |

## II. Higher Education Completion and Academic Title Mgr./Master

|  |  |  |  |
| --- | --- | --- | --- |
| University / College |  | | |
| Faculty |  | | |
| Study Program |  | | |
| Mater´s Diploma Thesis Title |  | | |
| Study Completion Date |  | Diploma Number |  |

## III. State Rigorosum Examination

|  |  |
| --- | --- |
| Academic Title which the Applicant Applies for: | PharmDr.  RNDr. |
| Filed of Research | |
| Zvolte položku. | |
| Chairman / Chairwoman of the Rigorous Board | |
| Zvolte položku. | |
| Consultant / Rigorous Theses Supervisor | |
|  | |
| Title and Basic Structure of the Rigorous Thesis in Czech Language  (in case of the Thesis recognition please state the title of the undergraduate or Ph.D. Thesis) | |
|  | |
| Title of the Rigorous Theses in English | |
|  | |

## IV. Application for Recognition

Master´s Diploma Thesis defended on  at as the Rigorous Thesis

Ph. D. Thesis defended on at as the Rigorous Thesis

Ph. D. State Exam passed on  at  as an oral part of the State Rigorous Exam

I hereby truly declare that I have not obtained the title "doctor" in accordance with §22 of Act No. 172/1990 Coll., Higher Education Act, and information stated above is correct.

Faculty services related to the use of equipment and information technology needed for examination preparation:  I accept  I don´t accept

In      , date

Applicant Signature

For mandatory documents attached to this Application Form see [Dean´s Measure No. 4/2023](https://www.faf.cuni.cz/getattachment/Fakulta/Dokumenty/OD/2023/Postup-pri-organizaci-statni-rigorozni-zkousky/Dean-s-Directive-2023-4.pdf.aspx)

The payment for the State Rigorous Examination is stated in [Dean's Provision No. 16/2022](https://www.faf.cuni.cz/getattachment/Fakulta/Dokumenty/OD/2022/Poplatky-uplaty-uhrady-vybirane-na-Farmaceutic-(1)/Opatreni-dekana-2022-16.pdf.aspx).