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-%281%29/Opatreni-dekana-2022-16.pdf.aspx).