

Name of doctoral student with titles, Workplace, Workplace address, Tel. and e-mail contact

Mr./Mrs.  
Name and surname of the dean  
Dean of UPJŠ FM  
Tr. SNP 1  
040 11 Košice

Košice, date

**Application for permission to defend the dissertation**

Dear Dean,

I would like to ask you for permission to defend the dissertation and approval of opponents. I am a full-time/external doctoral student in the field of study: Pharmacy, study program: Medical Pharmacology at the Department of Pharmacology, UPJŠ FM in Košice.

Thesis topic title: ".... "

Sincerely

*signature of doctoral student*

**Supervisor's statement:**

I agree with the defense of the dissertation and I propose following opponents: \*

- 1.
- 2.
- 3.

*Substitute:*

- 4.

*full name and signature of the supervisor*

**Statement of the Chairman of the Study Program Commission (SPC):**

I agree / I do not agree with the defense of the dissertation.

Prof. MUDr. Ladislav Mirossay, DrSc.  
*Chairman of SPC for SP Medical Pharmacology*

\* *The dissertation is assessed by a minimum of two and a maximum of three opponents; the exact names of the proposed opponents with titles and full addresses must be given; at least 1 must be prof. or DrSc.; at least 1 opponent is not an employee of UPJŠ; a maximum of 1 opponent can be from another training workplace of the relevant faculty or another UPJŠ faculty*