Appendix 3

**Application for support of doctoral students' events within the FF and FUD doctoral school**

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| **Name and surname of the event guarantor** | Prof. Mgr. Michal Koleček, Ph.D. |
| **Faculty/Department** | FUD/KDT |
| **Contact details** (email address) | michal.kolecek@ujep.cz |

|  |  |
| --- | --- |
| **Name and surname of the applicant** |  |
| **Faculty/Department** |  |
| **Contact details** (email address) |  |

|  |  |
| --- | --- |
| **Title and specification of the action** |  |
| **Participating PhD students** (name, surname, field of study) |  |
| **Further comment and justification for participation** |  |

|  |  |
| --- | --- |
| **Total funds requested** |  |
| * **Services** |  |
| * **Material** |  |
| * **other expenses** (to be specified) |  |
| **Any comment on the requirements** |  |

As part of the submission of this application, I agree to submit a report on the use of the scholarship by   
30 November of this calendar year.

Signature of the event guarantor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prof. Mgr. Michal Koleček, Ph.D.

Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_