|  |
| --- |
| **SOFIA UNIVERSITY „ST. KLIMENT OHRIDSKI“** |
| **FACULTY OF EDUCATIONAL STUDIES AND THE ARTS** |



TO THE HEAD OF DEPARTMENT

 „…………………......................“

**APPLICATION FORM**

 ………………………………………………..….,

*(PhD student's full name)*

PhD student in doctoral programme „..............................................“,

Higher еducation аrea ……………………………………………………………

**DEAR MR. / MRS. HEAD OF DEPARTMENT,**

I kindly ask to be scheduled the examination date for the PhD minimum in the specialty „…………………………………………..“.

 Yours sincerely:…………………

*(**PhD student's full name)*

Date: …………….