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

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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: …………….