



**UNIVERSITY OF VETERINARY AND PHARMACEUTICAL  
SCIENCES BRNO**

FACULTY OF PHARMACY

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**Application to the advanced Master's examination (pursuant to Section 46 (5) of Act No. 111/1998  
Coll., on Universities)**

Name and surname, title: .....Maiden name.....

Date and place of birth: .....

ID card number: ..... Nationality: .....

Contact telephone: ..... E-mail address: .....

Mailing address: .....

Employer: .....

Graduate of the Faculty of Pharmacy (name): .....Year: .....

Diploma thesis topic: .....

Field in which I would like to complete the advanced Master's procedure: .....

Topic of the Advanced Master's thesis in Czech: .....

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Topic of the Advanced Master's thesis in English: .....

.....

I request using the equipment of the UVPS Brno (YES/NO): .....

Date of the commencement of the procedure: .....

Consultant: .....

Consultant's signature: .....

.....

.....

Date

Signature

Annexes to the application:

- 1) A certified copy of the diploma;
- 2) A certified copy of the final certificate for graduates until 2005 inclusive;
- 3) A certified copy of the "Diploma Supplement" for graduates from 2006;
- 4) A professional CV (and a list of published works, if any).

**The graduates of the pharmacy studies at the Faculty of Pharmacy of the University of Veterinary and Pharmaceutical Sciences Brno may enclose to the application the copy of the diploma and the diploma supplement without an official certification.**

**In the event of a change in the surname in the course of the advanced Master's procedure, it is necessary to submit a copy of the marriage certificate or any other equivalent certificate.**