Approve!

**Dr. László Kovács major general**

head of the Doctoral School of Military Sciences

**ABSOLUTORIUM REQUEST FORM**

**Four-year summary report**

**Name:**

date signature of PhD student

**PERSONAL INFORMATION**

**Personal information:**

Name:

Mother’s name:

Address, phone number:

Postal adress, phone number, e-mail:

Workplace (phone number):

Job title:

**University education:**

Name of university:

Faculty, department:

Certificate number/year:

**Language skills:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | I. language | II. language | More |
| Language: |  |  |  |
| Knowledge level: |  |  |  |
| Certificate number: |  |  |  |
| Exhibiting institution: |  |  |  |

**Doctoral education:**

Research area:

Dissertation title:

**Supervisor:**

Name, scientific degree:

Postal address, phone number:

**Form of training:** full-time / correspondence / individual training / individual trainer

**REPORT**

**On completion of doctoral studies**

I participated in the full-time/ correspondence/ individual doctoral programme of the Doctoral School between 20.... - 20.....

I have completed my training in accordance with the Regulations for Studies and Examinations and the Regulations for Doctoral and Postdoctoral Studies.

During my doctoral studies I completed:

|  |  |
| --- | --- |
| **CREDITS EARNED DURING THE TRAINING** | **Credit** |
| Study obligations (min. 50 credit) |  |
| Scientific research activities (min. 140 credit) |  |
| Comprehensive exam (20 credit) |  |
| Dissertation research work (20 credit) |  |
| Lessons held (if applicable, max. 10 credit) |  |
| **In total (min. 240 credit):** |  |

**SCIENTIFIC RESEARCH ACTIVITIES**

**a) Published publication(s):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The Publication** | | | Name, year, number of the journal or publication | Credit |
| Title | Language | Participation Rate |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |

In view of the above, I request the Head of the Doctoral School to kindly give me the following Absolutorium.

20……year……................ month ........... day

.............................................

PhD Student

**SUPERVISORY REVIEW**

20……year……................ month ........... day

..................................................

Supervisor