**APPLICATION FORM** **FOR DOCTORAL (PhD) STUDIES**

### 1. Personal Information

Name: .....................................................................................................................  
 (Birth name): ..............................................................  
 Mother’s maiden name: .......................................................................................  
 Place of birth: ................................................. Year: ............ Month: ....... Day: .......  
 ID card number: .................................................................................................  
 Citizenship: .........................................................................................................  
 Permanent address and phone number: ...................................................................  
 .................................................................................................................................  
 Mailing address, phone number, and email address: ..............................................  
 .................................................................................................................................  
 .................................................................................................................................  
 Place of employment (address): ..............................................................................  
 .................................................................................................................................  
 Position: ...............................................................................................................

### 2. Education and Academic Activity

University degree (field of study): .........................................................................  
 Institution issuing the diploma: ............................................................................  
 Diploma number: .................................................................................................  
 Date of issuance: .................................................................................................

Language proficiency:

| Language | Level of proficiency | Certificate number and date |
| --- | --- | --- |
| ........ | ...................... | ......................... |
| ........ | ...................... | ......................... |
| ........ | ...................... | ......................... |
| ........ | ...................... | ......................... |

**Quantitative data of prior academic activities:**  
 National Scientific Students’ Association (OTDK) paper: .........................................  
 Scientific publications: .....................................................................................  
 Conference presentations: ..................................................................................  
 Other: ...............................................................................................................

### 3. Desired Form of Study:

Please underline one:  
 a) Organized full-time program; self-financed  
 b) Organized full-time program; state-funded  
 c) Organized part-time (correspondence) program; self-financed  
 d) Individual training  
 e) Individual preparation

### 4. Name of the Doctoral School to which the applicant is applying:

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### 5. Research field applied for:

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### 6. Announced research topic being applied for:

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### 7. Planned title of the dissertation within the announced research topic:

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

### 8. Other information to be disclosed:

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I declare under penalty of perjury that the above information is true and correct. I understand that I bear responsibility for any disadvantages resulting from the provision of false information.  
I hereby confirm that I have read and accepted the John Wesley Theological College’s privacy policy regarding the handling of personal data.

Place and date: ………………….., 20…. year ………….. month ……. day

Signature of applicant: …………………………………

### 9. Statement regarding the provision of material conditions for the training and the acceptance of an unannounced topic by an individual applicant:

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

Place and date: ………………….., 20…. year ………….. month ……. day

Signature of Head of Department/Research Unit: ……………………………………

### 10. Evaluation of the applicant's chosen research topic by Supervisor:

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

Place and date: ………………….., 20…. year ………….. month ……. day  
  
Signature of Supervisor: ……………………………

### 11. Comments from the applicant:

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

Place and date: ………………….., 20…. year ………….. month ……. day

Signature of applicant: …………………………………

### 12. Admission Interview Results:

a) Demeanor: ......................................................... points  
b) Foreign language proficiency: ................................. points  
c) Prior academic activity: ..................................... points  
Total: .............................................................. points

### 13. Summary opinion of the Admission Committee:

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

### 14. Committee recommendation:

Recommended / Conditionally recommended / Not recommended

Place and date: ………………….., 20…. year ………….. month ……. day

Signature of Chair of Admission Committee: ……………………………………

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### 15. Decision of the Doctoral and Habilitation Committee:

a) Admitted to the following program: .........................................................  
b) Not admitted: ........................................ due to lack of space  
 .................................................................... did not meet requirements

Place and date: ………………….., 20…. year ………….. month ……. day

Signature of Chair of DHC: …………………………………