**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:

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

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: …………………………………