

**Request for exemption from doctoral school requirements**

Name PhD student: ………………………………………………………………………………………………………………………………

Name promoter(s): ………………………………………………………………………………………………………………………………

Start date PhD: ……………………………………………………………………………………………………………………………………

Faculty: …………………………………………………………………………………………………………………………………………………

**In consultation with my promoter, I request to be exempted from fulfilling the following components of the doctoral school program:**

**Arguments:**

*(please add proof where necessary)*

**Date and signature:**

***PhD student Promoter(s)***