…………………………..

 *place, date*

……………………………………………

*Name and surname of doctoral candidate*

……………………………………………

  *discipline*

……………………………………………

  *semester*

**REQUEST FOR THE CHANGE OF PERSONAL DATA**

I request a change of my personal data\*

|  |  |  |
| --- | --- | --- |
| **Personal data** | **Personal data before the change** | **Personal data after the change** |
| [ ]  Name |  |  |
| [ ]  Surname |  |  |
| [ ]  Residence address |  |  |
| [ ]  Correspondence address |  |  |
| [ ]  Mobile number |  |  |
| [ ]  E-mail address |  |  |
| [ ]  Other (please specify) |  |  |

**Number and name of the act concerning change in personal data** ……………………………………………

I declare that the data indicated above are factually correct.

 ...……………………………………………

  *Doctoral candidate’s signature*

\* tick the correct boxes and enter the new correct personal data