

**APPLICATION FOR REVIEW OF THE DECISION ON UNSUCCESSFUL
COMPLETION OR INTERRUPTION OF RIGOROSUM PROCEDURE
St. Elizabeth University of Health and Social Work in Bratislava, Slovak Republic**

title, name, and surname, date of birth, address of permanent residence

Centre for Continuing Education
Rigorosum Procedure report
VŠZaSP sv. Alžbety, n. o.
Námestie 1. mája č. 1
P. O. BOX 104,
810 06 Bratislava

SUBJECT:

Application for review of the decision on unsuccessful completion or interruption of Rigorosum Procedure

According to article 8a of the Directive of the St. Elisabeth University of Health Care and Social Work in Bratislava regulating the Rigorosum Procedure, I hereby request a review of the decision on unsuccessful completion or interruption of Rigorosum Procedure.

Reason:

Place Date

signature

Statement:

I agree

I do not agree

Place Date

signature of the rector