

**APPLICATION FOR REPEAT OF RIGOROSUM EXAMINATION AND/OR  
DEFENSE OF RIGOROSUM THESIS**  
**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 repeat of Rigorosum Examination/defence of Rigorosum Thesis**

According to article 8 paragraph 1 of the Directive of the St. Elisabeth University of Health Care and Social Work in Bratislava regulating the Rigorosum Procedure, I hereby request a repeat of Rigorosum Examination/defence of Rigorosum Thesis.

**Reason:**

The candidate failed the oral part of the Rigorosum Examination within the regular deadline.  
The candidate failed to defend the Rigorosum Thesis within the regular deadline.

Place ..... Date .....

signature .....

**Statement:**

I agree

I do not agree

Place ..... Date .....

signature of the rector .....