**REQUEST FOR ONLINE DEFENCE**

Name:

Date of the submission to procedure:

Doctoral school:

Justification for requesting the online defence:

The planned scenario of the digital defence :

Place at the University of Debrecen (where the candidate will be):

The name and workplace of the person who will supervise the candidate:

The online system planned to use:

Backup system:

Name and e-mail address of the person responsible for registration for the online public defence:

Date

Name of the applicant

Name and signature of the Head of the doctoral school