

Form AS FTA/DC

PROPOSAL OF NOMINEE FOR ELECTION OF THE DEAN OF FACULTY OF TROPICAL  
AGRISCIENCES CZU

Proposed nominee

Name and surname: .....

Name and surname of proposer: .....

.....

Signature of proposer

Date and time when proposal handed to authorised person:.....

.....

Stamp and signature of authorised person (Mrs. Vlasta Vlková, Deans office of FTA)