**AGREEMENT WITH DATA PROCESSING**

Name of workplace::
Specifications of processed data:
Person responsible for the workplace that issued the data:

Signature of responsible person:

Date:

The mentioned about workplace agrees with use of its data for the development of a Advanced Master´s thesis at the Faculty of Pharmacy of Masaryk University. By signing, the workplace confirms agreement with uploading of the electronic version of the thesis to the database for the publication of final theses in the MU IS system.

Participant in the rigorous procedure: Mgr. xxx xxxx

Topic of rigorous work: xxxx

Participant's signature:

Date: