The Doctoral School of Medical and Health Sciences (DSMHS)

*…………………………………… Krakow……………………………………*

*PhD student's full name, title date*

*………………………………………………………………………………………………………………………………………*

*Doctoral dissertation in the scientific discipline*

**Application for a designation of a supervisor/supervisors /**

**an auxiliary supervisor/supervisors**

**The Discipline Council ……………………………… ……………………………………**

**of the Jagiellonian University in Krakow**

Research topic:

………………………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………… …………………………………………………………………………………………………… ..

Acting in accordance with § 13(7) of the Rules of Doctoral School of Medical and Health Sciences at the Jagiellonian University in Krakow, I request to appoint a supervisor or supervisors / an auxiliary supervisor or supervisors\* of my doctoral dissertation elaborated in the following scientific discipline:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

In persons (name, title or degree):

Supervisor or Supervisors\*:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………

Auxiliary Supervisor or Supervisors\*:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………

 (\* delete as applicable)

……………………………

 PhD student's signature

I agree to act as a supervisor/auxiliary supervisor and declare that I comply with the conditions set out in the Act of 20 July 2018 – Law on Higher Education and Science and the Rules of Doctoral School of Medical and Health Sciences:

|  |  |
| --- | --- |
|  | Name; title or degree; Signatures |
| Supervisor / Supervisors  |  |
| Auxiliary Supervisor  |  |

The Opinion of the Head of the Doctoral Programme (the opinion can be attached on a separate sheet)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………… …………… ………………………………………………………

 Head of the Doctoral Programme signature