The Doctoral School of Medical and Health Sciences (DSMHS)

*………………………………………………… …… Krakow,\_\_\_\_\_\_\_\_\_\_\_*

*PhD student's full name, title date*

*……………………………………………………………………………*

*Doctoral dissertation in the research discipline*

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

**or a supervisor and an auxiliary supervisor \***

**The Research Discipline Board in………………………………**

**of the Jagiellonian University in Krakow**

Research topic:

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

Acting in accordance with § 11 (3) of the Regulations for Doctoral Schools of the Jagiellonian University in Krakow, I request to appoint a supervisor or supervisors / a supervisor and an auxiliary supervisor\* of my doctoral dissertation elaborated in the following research discipline:

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

with the following persons (name, title or degree):

Supervisor or Supervisors:

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

Auxiliary Supervisor (optional):

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

………………………

PhD student's signature

I agree to act as a supervisor/auxiliary supervisor and declare that I meet the conditions for performing this function, as set out in the Act of 20 July 2018 – Law on Higher Education and Science and the Regulations for Doctoral Schools of the Jagiellonian University in Krakow.

|  |  |
| --- | --- |
|  | Name; title or degree;  Signature of the person agreeing to perform this function |
| Supervisor or Supervisors |  |
| Auxiliary Supervisor |  |

‌A justification demonstrating the relationship of the PhD student's research interests to the achievements and research profile of the supervisor candidate: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

*‌Justification for the appointment of a second supervisor/auxiliary supervisor (if applicable):*

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

…………………………….

Supervisor’s signature

(\*delete as applicable)