Name and surname: ………………………… Szczecin, on ……………………

Leading field: ……………………………….

Leading discipline: ……………………………...

Second field: ………………………………….

Second discipline: ………………………………...

Album No.: ………………….

**Director of the Doctoral School**

**of the University of Szczecin**

**APPLICATION FOR ASSIGNING DOCTORAL THESIS SUPERVISORS**

I request that *Mr/Ms (state academic degree / title, name and surname)* of the Institute of *(state the name of an institute or a higher education institution)* and *Mr/Ms (state academic degree / title, name and surname)* of the Institute of *(state the name of an institute or a higher education institution)* be assigned as my doctoral thesis supervisors.

…………..……………………………………

Date and doctoral student’s legible signature

I agree to become a doctoral thesis supervisor of Mr/Ms …….. (*doctoral student’s* *name and surname).*

 ……………………………………………

Date and legible signature of the person proposed for a doctoral thesis supervisor

I agree to become a doctoral thesis supervisor of Mr/Ms …….. (*doctoral student’s* *name and surname).*

 ………………………………………………

Date and legible signature of the person proposed for a doctoral thesis supervisor

 \* delete as appropriate

Name and surname: ………………………… Szczecin, on ……………………

Leading field: ……………………………….

Leading discipline: ……………………………...

Second field: ………………………………….

Second discipline: ………………………………...

Album No.: ………………….

**Director of the Doctoral School**

**of the University of Szczecin**

**APPLICATION FOR ASSIGNING A DOCTORAL THESIS AUXILIARY SUPERVISOR / DOCTORAL THESIS AUXILIARY SUPERVISORS\***

I request that *Mr/Ms (state academic degree / title, name and surname)* of the Institute of *(state the name of an institute or a higher education institution)* and *Mr/Ms (state academic degree / title, name and surname)* of the Institute of *(state the name of an institute or a higher education institution)* be assigned as my doctoral thesis auxiliary supervisor/ doctoral thesis auxiliary supervisors\*.

………….……………………………………

 Date and doctoral student’s legible signature

I agree to become a doctoral thesis auxiliary supervisor of Mr/Ms …….. (*doctoral student’s* *name and surname).*

 …………………….…………………………

Date and legible signature of the person proposed for a doctoral thesis auxiliarly supervisor

I agree to become a doctoral thesis supervisor of Mr/Ms …….. (*doctoral student’s* *name and surname).*

…..……………………………………………

Date and legible signature of the person proposed for a doctoral thesis auxiliarly supervisor

\* delete as appropriate