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

Field: ……………………………….

Discipline: ……………………………...

Album No.: ………………….

**Director of the Doctoral School**

**of the University of Szczecin**

**APPLICATION FOR ASSIGNING A DOCTORAL THESIS SUPERVISOR, AUXILIARY SUPERVISOR\***

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)* be assigned as my doctoral thesis supervisor and 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)* be assigned as my doctoral thesis auxiliarly supervisor.

…………………………………………..……

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 auxiliarly 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