Kraków …………………………………………

**REQUEST FOR CONFIDENTIALITY PROTECTION FOR A DOCTORAL DISSERTATION**

……………………………………………………………..

Full name of the Doctoral Student

……………………………………………………………..

PESEL ID or Passport number

……………………………………………………………..

Scientific discipline or domain

**I hereby declare that the doctoral dissertation I have authored:**

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

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

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

………………………………………………………………………./…………………………………………..……………………………..

Supervisor(s) (Full name, academic degree/title)

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

Assistant supervisor (Full name, academic degree/title)

1) is legally protected as secret information
2) constitutes classified information

– in its entirety\*
– in part (indicate relevant fragments in the statement of reasons below)

in accordance with the Unfair Competition Act of 16 April 1993 (uniform text: Journal of Laws year 2022 item 1233, as further amended) or the Classified Information Protection Act of 5 August 2010 (uniform text: Journal of Laws year 2019 item 742, as further amended).

Statement of reasons:
..........................................................................................................................................................
.......................................................................................................................................................... .......................................................................................................................................................... .......................................................................................................................................................... .......................................................................................................................................................... .......................................................................................................................................................... .......................................................................................................................................................... .......................................................................................................................................................... ..........................................................................................................................................................

………………………………………………………………………………………………

Date (DD.MM.YYYY) and signature of the Doctoral Student

Decision of the AGH Doctoral School Director …………………………………………………………………………….

  *date and signature*

*\* delete as appropriate*