***Application for the appointment of a supervisor, supervisors or a supervisor and an assistant supervisor***

.................................................................... Kraków ................................

  *name and surname*

....................................................................

 *PESEL/Passport no.*

....................................................................

 *faculty*

 The Board of the Discipline ...................................................................

 Chairman/Chairwoman ...................................................................

 *academic degree, name and surname*

Hereby, I kindly request to appoint as a supervisor/supervisors/assistant supervisor\* of my doctoral dissertation in the discipline:

.....................................................................................................................................................

the below mentioned persons:

1. Supervisor ...........................................................................................

 *academic degree, name and surname*

1. Supervisor\*\* ...........................................................................................

*academic degree, name and surname*

1. Assistant Supervisor\*\* ...........................................................................................

*academic degree, name and surname*

...................................................................

*date and sygnature of doctoral student*

Hereby, I express my consent to act as a supervisor or an assistant supervisor.

1. Supervisor ...................................................................................................................,

 *date and signature of the person expressing their consent to become a supervisor*

1. Supervisor\*\*...............................................................................................................,

 *date and signature of the person expressing their consent to become a supervisor*

1. Assistant Supervisor\*\*…….....................................................………………………………...

 *date and signature of the person expressing their consent to become*

 *an assistant supervisor*

........................................................................... ...................................................................

 *date and signature of the Director of the AGH Doctoral School date and signature of the Chairman/Chairwoman*

 *of the Board of the Discipline*

**\*** delete as appropriate

**\*\***complete only if you are applying