***Application for a cancellation of 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 cancel an Assistant Supervisor of my doctoral dissertation in the discipline:

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Supervisor ................................................................................................................................

*academic degree, name and surname*

present Assistant Supervisor ................................................................................................

*academic degree, name and surname*

Justification:

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*date and signature of doctoral student*

Hereby, I express my consent to resign as an Assistant Supervisor

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 *date and signature of the person expressing their consent to resign as an**assistant supervisor*

Hereby, I express my consent to cancel an Assistant Supervisor

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 *date and signature of the supervisor*

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