***Application for a change of a 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 change a Supervisor of my doctoral dissertation in the discipline: .....................................................................................................................................................

Present Supervisor ......................................................................................................

*academic degree, name and surname*

Requested Supervisor ......................................................................................................

*academic degree, name and surname*

Justification:

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

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

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

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

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

*date and sygnature of doctoral student*

Hereby, I express my consent to resign as a Supervisor ..…………………………………………

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

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

Hereby, I express my consent to act as a Supervisor .……………………………………………….

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

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