………………...……………………………

City/town, date

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

Advisor’s first name/surname, academic degree/rank

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

Official position

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

Place of employment

...........................................................
Contact number, e-mail

............................................................
Discipline of science

**POTENTIAL ADVISOR’S CONCLUSION**

I hereby declare that in case Mr./Mrs./Ms. …………………………………............................................. is admitted to Doctoral School …..………………………………………………………………………………………………… in the field of ………………………………………………………………………………………………..………………… in the discipline of ……………………………………………………………………..…………… in the University of Gdańsk in the academic year 2020/2021, I shall provide supervisory care over the candidate’s academic work and the implementation of his/her individual research plan.

Concurrently, I declare that I have participated in a preliminary discussion with the candidate regarding his/her research intents, as a result of which the proposed subject of a doctoral dissertation and the candidate’s current accomplishments are considered …………………………………..

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

 Advisor’s stamp and signature

CONCLUSION OF THE DEAN OF …………………………………………………., where the potential advisor is employed

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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

 Dean’s stamp and signature