………………...……………………………

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 Intercollegiate Biotechnology Doctoral School of University of Gdańsk and Medical University of Gdańsk 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