Gdańsk, …………………………… 20……

Doctoral student’s name: …………………………………………………….…

Doctoral school: ….…………………………………………………………………

Field of science: …………………………………………………………………….

Discipline of science: ………………………………………………………….….

……………………………………………………………………………………………..

**Chairperson of the Discipline of Science Council**

***Discipline of science***

**REQUEST**

**FOR THE APPOINTMENT OF AN ADVISOR**

In accordance with section 30 paragraph 1 subparagraph the Regulations of Doctoral Schools of the University of Gdańsk, I request to have ……………………………………………………………………………… (*name and academic degree/rank*) appointed as a thesis advisor providing supervisory care over the preparation of a doctoral dissertation.

…………………………………………………

*Doctoral student’s signature*

**CONSENT**

**FOR ASSUMING THE ROLE OF AN ADVISOR**

In accordance with section 30 paragraph 1 subparagraph 2 of the Regulations of Doctoral Schools of the University of Gdańsk, I consent to serve as a thesis advisor providing supervisory care over the preparation of a doctoral dissertation of ……………………………………………………. (d*octoral student’s name*).

………………………………………………………

*Signature of the candidate for an advisor*

**CONCLUSION OF THE DEAN OF *(Faculty of …)*,**

**where the candidate for an advisor is employed \***

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

……………………………………………………………………..

*Dean’s signature*

**\*** The conclusion should include the candidate’s didactic responsibilities and potentially anticipated sabbatical leave and other types of absences specified in section 56 paragraph 1 of the Work Regulations of the University of Gdańsk.

**CONCLUSION OF THE DIRECTOR OF THE DOCTORAL SCHOOL OF HUMANITIES AND SOCIAL SCIENCES**

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

………………………………………………………………………

*Doctoral school director’s signature*