………………...……………………………

City/town, date

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

Advisor’s first name/last name, 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 the Doctoral School of Humanities and Social Sciences in the field of …………………………………………………………………………………………………………………………………………. in the discipline of ……………………………………………………………………..…………………………………………… in the University of Gdańsk in the academic year 2023/2024, 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 …………………………………

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

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

 Advisor’s stamp and signature

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

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

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

 Dean’s stamp and signature