………………...……………………………

City/town, date

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

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Official position

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Place of employment

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Contact number, e-mail

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Discipline of science

**POTENTIAL ADVISOR’S CONCLUSION**

I hereby declare that in case Mr./Mrs./Ms. …………………………………............................................................... is admitted to the Doctoral School of Natural Sciences in the field of …………………………………………………………………………………………………………………………………………. in the discipline of ……………………………………………………………………..…………………………………………… in the University of Gdańsk in the academic year 2024/2025, 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\*

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

 Dean’s stamp and signature