Gdańsk, …………………………… 20……

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

Doctoral school: Intercollegiate Biotechnology Doctoral School of UG and MUG

Field of science: medical sciences and health sciences

Discipline of science: medical sciences

**Chairperson of the Discipline of Science Council**

***Medical sciences***

**REQUEST**

**FOR THE APPOINTMENT OF ADVISORS**

In accordance with section 30 paragraph 1 subparagraph 1 of the Regulations of Intercollegiate Biotechnology Doctoral School of University of Gdańsk and Medical University of Gdańsk, I request to have:

1. ……………………………………………………………………………… (*name and academic degree/rank*)
2. ……………………………………………………………………………… (*name and academic degree/rank*)

appointed as thesis advisors 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 Regulation Directory of Intercollegiate Biotechnology Doctoral School of University of Gdańsk and Medical University of Gdańsk, I consent to serve as a thesis advisor providing supervisory care over the preparation of a doctoral dissertation of ……………………………………………………………………………… (*doctoral student’s name*).

………………………………………………………………………………….

*Signature of the candidate for an advisor*

………………………………………………………………………………….

*Signature of the candidate for an advisor*

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

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

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

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*Dean’s signature*

**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 absence specified in section 56 paragraph 1 of the Work Regulations of the University of Gdańsk.

**CONCLUSION OF THE DIRECTOR OF THE INTERCOLLEGIATE BIOTECHNOLOGY DOCTORAL SCHOOL OF UNIVERSITY OF GDAŃSK AND MEDICAL UNIVERSITY OF GDAŃSK**

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*Director’s signature*