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 AN ASSISTANT ADVISOR**

In accordance with section 31 of the Regulations of the Intercollegiate Biotechnology Doctoral School of University of Gdańsk and Medical University of Gdańsk, I request to have ……………………………………………………………………………… (*name and academic degree/rank*) appointed as an assistant thesis advisor providing supervisory care over the preparation of a doctoral dissertation..

……………………………………………………………………….

*Doctoral student’s signature*

**ADVISOR’S CONSENT**

In accordance with section 31 of the Regulations of the Intercollegiate Biotechnology Doctoral School of University of Gdańsk and Medical University of Gdańsk, I agree to have ……………………………………………………………………………… (*doctoral student’s name*) submit the aforementioned request for the appointment of an assistant advisor.

………………………………………………………………………………….

*Advisor’s signature*

**CONSENT**

**FOR ASSUMING THE ROLE OF AN ASSISTANT ADVISOR**

In accordance with section 31 in relation to section 30 paragraph 1 subparagraph 2 of the Regulations of the Intercollegiate Biotechnology Doctoral School of University of Gdańsk and Medical University of Gdańsk, I consent to serve as an assistant thesis advisor providing supervisory care over the preparation of a doctoral dissertation of ……………………………………………………………………………… (*doctoral student’s name*).

………………………………………………………………………………….

*Signature of the candidate for an assistant advisor*

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

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

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

………………………………………………………………………………….

*Dean’s signature*

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

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

………………………………………………………………………………….

*Director’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.