## Application for appointment of supervisor

|  |  |
| --- | --- |
| Name and surname: …………………………Professional title: …………………………PESEL or identity document numberand name of the issuing country: ……………………… | Poznań, day ……………… |
|  |  |

Prof. dr hab. ………………………………………

Chairman of the Council

……………………………………………

Poznan University of Medical Sciences

Acting under Article 185 (1) of the Act July 20, 2018 - Law on Higher Education and Science (i.e., Journal of Laws 2024.1571, as amended) and § 2 paragraph 2 of the Resolution of the Senate of the Poznan University of Medical Sciences No. 211/2024, dated September 18, 2024, I kindly request you to appoint .......................................... in the proceedings for the awarding of a doctoral degree in medical sciences and health sciences, in the discipline .........................................

As supervisor/supervisors, I propose: …………………………………………………… ……………………………………………………

As an assistant supervisor, I propose: ……………………………………………………

Proposed title of the doctoral dissertation: ……………………………………………………………………………………………………

 ....................................... ....................................... ........................................................................

 Consent to take on the role of supervisor /supervisors Signature of the applicant for the doctoral degree

 ........................................................ ........................................................................

 Consent to take on the role of assistant supervisor Supervisor's consent to the appointment of an assistant supervisor

 ........................................................ ........................................................................

 Acceptance of the head of the department The acceptance of the Chairman of the Council of the College of Sciences