**Application for the initiation of proceedings for the award of a doctoral degree**

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| Name and surname: …………………………Professional title: …………………………Correspondence address:…………………………………………… |  Poznań, day: **……………………….…..** |
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| Prof. dr hab. ………………………………………Chairman of the Council……………………………………………Poznan University of Medical Sciences |

Under Article 189 of the Act of July 20, 2018, Law on Higher Education and Science (i.e., Journal of Laws 2024.1571, as amended) and § 5 of the Resolution of the Senate of the Poznan University of Medical Sciences No. 211/2024, dated September 18, 2024, I request to initiate proceedings to confer on me the degree of doctor in medical sciences and health sciences,

 in the discipline ..............................

 Title of the doctoral dissertation: …………………………………………………………….

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 Signature of supervisor/s Signature of the applicant for the doctoral degree

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 Signature of assistant supervisor

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 Approval of the head of the Department/Director of the Institute Approval of the Chairman of the Council of the College of Sciences

 (signature/stamp)