Statement by the supervisor/ assistant supervisor

Title/degree, name of supervisor

Name of supervisor’s employing entity

Poznań, ………………

Prof. ………………………………………

Chairman of the Council

……………………………………………

Poznan University of Medical Sciences

I declare that I agree to act as a supervisor in the proceedings for the award of the doctoral degree of ………… …………………………………………………

and that I meet the requirements to be a supervisor specified in Article 190(4) or (5) of the Act of 20 July 2018 - Law on Higher Education and Science (i.e., Journal of Laws 2022. 574, as amended) and in the Regulations for the Conduct of Proceedings for the Award of the Doctoral Degree at Poznan University of Medical Sciences.

At the same time, I declare that in the last five years, I have not been a supervisor of four doctoral students who were removed from the list of doctoral students due to a negative mid-term evaluation, and I have not supervised the preparation of a dissertation by at least two applicants for a doctoral degree who did not obtain positive reviews referred to in Article 191(1) of the Law.

I also declare that I am not currently subject to the disciplinary penalty referred to in Article 276(1)(4) of the Act concerning the deprivation of the right to act as a promoter, reviewer, and member of a committee in proceedings for the conferment of the degree of doctor, the degree of doctor habilitated and the title of professor for a period of one to five years.

…………………………………………………………

(signature of the proposed supervisor)

I declare that I agree to act as an assistant promoter in the procedure for awarding a doctoral degree ............ ........................................................... At the same time, I declare that the publications or data forming the basis of the proceedings for the doctoral degree award will not be used by me as part of my own habilitation achievement.

…………………………………………………………

(signature of the proposed assistant supervisor)