…………………………………………….

doctoral student’s name and surname

…………………………………………….

discipline

…………………………………………….

album number

Prof. dr hab. Mirosława Czerny

Director of the Doctoral School

of Social Sciences

**APPLICATION FOR THE APPOINTING AN ASSISTANT DISSERTATION SUPERVISOR**

I would like to request the appointment of ………………………………………………………….. as my assistant dissertation supervisor.

**Justification**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| place, date |  | doctoral student’s signature |

**I support the request of the doctoral student to appoint the assistant dissertation supervisor.**

|  |  |  |
| --- | --- | --- |
| place, date |  | candidate for supervisor’s signature |

1. Annex 1 - Declaration of the person proposed as the assistant dissertation supervisor
2. Annex 2 - Personal questionnaire for people willing to undertake supervisior’s assistance employed outside of the University of Warsaw

*Annex 1*

…………………………………………….

Name and surname, academic title/degree

…………………………………………….

Faculty/Unit at UW

…………………………………………….

University email address

…………………………………………….

Scientific discipline

**DECLARATION OF THE PERSON PROPOSED**

**AS THE ASSISTANT DISSERTATION SUPERVISOR**

I, ………………………………………………………………………………………………………………………,

(name and surname of the person making the declaration)

hereby declare that I am willing to be designated as an assistant supervisor to

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

(name and surname of the doctoral student)

admitted to the Doctoral School of Social Sciences in the discipline of

…………………………………………………………… with the preliminary research project proposal:

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

(planned research topic)

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

I declare that I am aware that making this declaration is not tantamount to be designated as a supervisor for the doctoral student and that I am aware of disciplinary liability for providing a false statement.

….……………….…………………………..

(signature of the person making the declaration)

Warszawa, ………………………

 *Annex 2*

**DOCTORAL SCHOOL OF SOCIAL SCIENCES UW**

**PERSONAL QUESTIONNAIRE FOR PEOPLE WILLING TO UNDERTAKE SUPERVISOR'S ASSISTANCE EMPLOYED OUTSIDE OF THE UNIVERSITY OF WARSAW**

|  |  |
| --- | --- |
| Type of ID document |  |
| Identity document number |  |
| Name of the country where the identity document was issued |  |
| First name |  |
| Surname |  |
| Academic title/degree |  |
| Name of the place of employment/university |  |
| Details of place of employment/university: |
| Country |  |
| Postal code |  |
| City |  |
| Street |  |
| Building No. |  |
| Apartment number *(if applicable)* |  |