|  |  |
| --- | --- |
| **First name and surname**  |  |
| **Academic title/degree** |  |
| **Unit**  |  |
| **First name and surname of the doctoral student** |  |

**Questionnaire on the cooperation with the doctoral student**

*We suggest that you pay attention to the degree of independence in the completion of the work, consultations (in person or online) and involvement in scientific activities offered (conferences, seminars and others) by the faculty or academic unit where the IPB is implemented.*

Signature:

Date: