Doctoral School in the Social Sciences of the Jagiellonian University in Krakow

(SDNS UJ)

Krakow, ......................................

                            date

**Consent**

I hereby consent to take the function of the thesis supervisor/the auxiliary thesis supervisor of Mr / Ms ..............................................................................................................

 (name and surname of the candidate for doctoral degree)

 and I declare that I meet the requirements for the supervisor specified in art. 190 paragraph. 4 and 6 of the Act of July 20, 2018 Law on Higher Education and Science.

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

**Name and surname**(legible)

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

**Signature**