Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(SDNS UJ)

..................................................................  Kraków, ................................ .

First and last name                                                                                                                 date

..................................................................

Number of album

..................................................................

Scientific discipline

**Director of the Doctoral School of Social Sciences of the Jagiellonian University**

**Dr hab. Anna Zachorowska-Mazurkiewicz, prof. UJ**

**Application to appoint a doctoral committee**

Pursuant to §7 (1 and 2) of the SDNS UJ Regulations I am requesting the appointment of a doctoral committee in the field of:

................................................................................................................................................................,

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

composed of:

1. .............................................................................................................., a thesis supervisor

(academic degree/title, name and surname )

1. …………………………………………………………………………………………………………., an auxiliary thesis

supervisor

(academic degree/title, name and surname )

1. .................................................. .................................................. ......, a member of the committee

(academic degree/title, name and surname )

1. .................................................. .................................................. ......, a member of the committee

(academic degree/title, name and surname )

Substantiation:. ...................................................................................................................................... .....................................................................................................................................................................................................................................................................................................................................

**…………..........................................**

**Doctoral student's signature**

The opinion of the head of the doctoral program:

................................................................................................................................................................ ................................................................................................................................................................. ................................................................................................................................................................. .......................................

**........................................**

**Manager's signature**