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 for dismissal of a doctoral committee**

Pursuant to §7 (1) of the SDNS UJ Regulations I am requesting the dismissal of the doctoral committee in …………………………………………………………………

                                                                                                                   (name of the scientific discipline)

composed of:

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

 (degree/title, name and surname )

1. ..............................................................................., an auxiliary supervisor

(degree/title, name and surname )

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

committee

(degree/title, name and surname )

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

(degree/title, name and surname )

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

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

**Doctoral student's signature**

The opinion of the head of the doctoral program: .......................................................................................

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

**Head of the doctoral program’s signature**