Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(SDNS UJ)

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

First and last name  Date

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

Number of album

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

Scientific field

**His Magnificence**

**Professor dr hab. Jacek Popiel**

**Rector of the Jagiellonian University**

**Chairman of the Jagiellonian University Senate**

**through**

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

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

**Application for recall of an auxiliary thesis supervisor**

Pursuant to §6 (1) in conjunction with § 5 of the SDNS UJ Regulations I am asking for the recall of ...................................................................................................................................

                                                                                     (academic degree/title, first and last name of the supervisor)

as the auxiliary supervisor of my doctoral dissertation in the field of….……………………......................................... ,

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

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

**Doctoral student's signature**

Opinion of the head of the doctoral program: ...............................................................................................................

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

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