Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(SDNS UJ)

..................................................................  Kraków ................................ First and last name                                                                                                                                        date

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

Number of album

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Scientific discipline

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

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

**Application to supplement the composition of the doctoral committee**

Pursuant to §7 (1) of the SDNS UJ Regulations Due to the cancellation/resignation of ..................................................................................................

                                                                                                   (academic degree/title, name and surname )

from the doctoral committee in .............................................................................................................,

                                                                                        (name of the scientific discipline)

I am asking to appoint ............................................................................................. as 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: ..............................................................................

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

**Manager's signature**