Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(DSSS JU)

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

First and last name  Date

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

Album number

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

Scientific discipline

**Chairman of the Discipline Board**

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

(name of the scientific discipline)

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

(academic degree / title, name and surname)

**through**

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

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

**Application for change of a supervisor/an auxiliary supervisor**

Pursuant to §14 in conjunction with §11 of the Jagiellonian University Doctoral School Regulations I request the change of ...................................................................................................................................

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

and appointment (pursuant to §11 (2 and 3) of ………………………………………………………………………………………………………………………………………………….

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

as the supervisor/ auxiliary supervisor in the field of….…………………….............................. ,

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

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

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

**Doctoral student's signature**

Annexes:

1. Consent to take function