Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(DSSS JU)

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

First and last name  Date

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

Album number

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

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 a supervisor/an auxiliary supervisor**

Pursuant to §14 conjunction with §11 of the Jagiellonian University Doctoral Schools Regulations I request a change of my supervisor/auxiliary supervisor through the recall of ...................................................................................................................................

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

from the function of the supervisor/ auxiliary supervisor in the field of….…………………….............................. ,

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

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

**Doctoral student's signature**