Doctoral School in the Social Sciences of the Jagiellonian University in Krakow

(DSSS JU)

Krakow, ......................................

                            date

**Consent form**

I hereby consent to take the function of the supervisor/the auxiliary supervisor of Mr / Ms ..............................................................................................................

 (name and surname of the candidate for doctoral degree)

 and I declare that I meet the requirements specified in art. 190 (4 and 6) of the Act of July 20, 2018 Law on Higher Education and Science.

…………………………................................................

**Name and surname**(legibly)

…………………………...............................................

**Signature**