Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(DSSS JU)

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

                             date

**Consent form**

I hereby consent to enter the doctoral committee of Mr / Ms

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

 (name and surname of the candidate for doctoral degree)

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

**Name and surname**(legibly)

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

**Signature**