Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(DSSS JU)

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

First and last name  Date

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Album number

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Scientific discipline

**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 appointment of an auxiliary supervisor**

Pursuant to §11 (1 and 3) of the Jagiellonian University Doctoral Schools Regulations, I request the  appointment of .....................................................

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

as my auxiliary supervisor in the field of: …………………………........................................... ,

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

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

Doctoral students’s signature

Annexes:

1. Consent to take function