Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(DSSS JU)

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

Academic degree/title, name and surname Date

**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 an auxiliary supervisor**

Pursuant to §614(2) in conjunction with §11 of the Jagiellonian University Doctoral Schools Regulations I request the change of an auxiliary supervisor through recall of

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

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

from the function of an auxiliary supervisor of Mr/Ms ……………………………………. in the field

                                                       (PhD student name and last name)

of….…………………….........................................

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

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

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

**Supervisor's signature**