Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(DSSS JU)

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

Academic degree/title, name and surname Date

**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 change of an auxiliary supervisor**

Pursuant to §14 (2) in conjunction with §11 of the Jagiellonian University Doctoral Schools Regulations I request for a change of my auxiliary supervisor through the recall of ..................................................................................................................................

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

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

                                                                  (PhD student first name and last name))

of….……………………......................................... ,

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

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

**Supervisor's signature**