

.....
(Place, date)

.....
(name of a doctoral student)

**Director of the Doctoral School
of the Medical University of Warsaw**

I request the appointment of a **supervisor** for my research project submitted to the Doctoral School of the Medical University of Warsaw entitled:

.....
.....

As a **supervisor** I propose:

.....
(title, degree, name)

Justification:

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

.....
(signature of a doctoral student)

I agree to be a supervisor in the above research project.

.....
(signature of the person agreeing to act as supervisor)

To be completed by a supervisor, if applicable.

I request to be appointed as **an assistant supervisor** for a doctoral student's research project.

Justification:

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.....
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.....

.....
(signature of a supervisor)

I agree to act as an assistant supervisor in the doctoral student's research project.

.....
(signature of the person agreeing to act as assistant supervisor)

Opinion of the Director of the Doctoral School

.....
.....

.....
(signature of the Director of the Doctoral School)

Decision of the Committee of Medical/Health/Pharmaceutical Sciences Disciplines*

I consent/do not consent* to the appointment of.....
to be an a supervisor.

I agree/don't agree* to the appointment of.....
to be an assistant supervisor.

.....
(signature of the Chair of a relevant Committee)

* delete as appropriate