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| **Application to the Council for Academic Discipline*****please click to select from the list*****regarding approval of Individual Research Plan (IRP), approval of the title of the doctoral dissertation, appointment of supervisor/s** Krakow, date **\_\_\_\_\_\_\_\_\_\_** Name and surname **\_\_\_\_\_\_\_\_\_\_\_\_\_**Album number \_\_\_\_\_\_\_\_\_\_\_\_\_telephone number **\_\_\_\_\_\_\_\_\_\_\_\_\_**e-mail address **\_\_\_\_\_\_\_\_\_\_\_\_\_****Dear Sir/Madam** ***please click to select from the list*****Chairman of the Council of the Discipline *please click to select from the list***I kindly ask for approval by the Council of the Discipline ***please click to select from the list***:* individual research plan prepared by me (attached)
* proposed title of doctoral dissertation **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

and for the appointment of:* supervisor/supervisors **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* auxiliary supervisor \***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Additional information:Participant of CUE Doctoral Program from ……Please find enclosed the individual research plan and the minutes of the scientific meeting.…….………………………………………………………. Signature  |

\*-delete as appropriate