Appendix No. 1 - Template of the application for the verification of learning outcomes

 Lublin, [date]

[Name and surname of the candidate]

[PESEL No.]

[Address for correspondence]

[Phone number]

[E-mail]

 **Scientific Council of the Institute of**  **[name]**

 **Maria Curie-Skłodowska University**

 **in Lublin**

**Application for verification of learning outcomes**

**for qualifications at level 8 of the Polish Qualifications Framework**

I am applying for a verification of the learning outcomes for qualifications at level 8 of the Polish Qualifications Framework, in connection with the planned initiation of the procedure for awarding a doctoral degree in [name of discipline].

I declare that I have read the information clause referred to in § 39 of the Regulations for the conduct of proceedings for awarding the doctoral degree at the Maria Curie-Skłodowska University in Lublin.

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

Candidate's signature

Attachments:

1) A copy of the diploma confirming the possession of the professional title of master’s degree or equivalent, certified by UMCS as a true copy;

2) [additional]

Appendix No. 2 - Template of the certificate of obtaining qualifications at the 8th level of the Polish Qualifications Framework

 Lublin, [date]

 [Name and surname of the candidate]

 [PESEL No.]

 [Address for correspondence]

CERTIFICATE

In connection with the application [Name and surname of the candidate] of [Date of submission of the application] for verification of learning outcomes for qualifications at level 8 of the Polish Qualifications Framework, the Examination Committee consisting of [grades, names and surnames of the committee members], appointed by the Chairman of the scientific council [name] of UMCS [Date of appointment], acting pursuant to § 6 of the Regulations for the conduct of proceedings for the award of a doctoral degree at UMCS, after verification:

**confirms that [you] [name and surname] [obtained] the learning outcomes for qualifications at level 8 of the Polish Qualifications Framework, entitling [him / her] to apply for a doctoral degree.**

The certificate is valid only at UMCS and for a period of 3 years from the date of issue.

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

Chairman of the Examination Committee

Appendix 6 - Template of the application for the initiation of the procedure for awarding the doctoral degree

 Lublin, [date]

[Name and surname of the candidate]

[PESEL No.]

[Address for correspondence]

[Phone number]

[E-mail]

 **Scientific Council of the Institute of**  **[name]**

 **Maria Curie-Skłodowska University**

**in Lublin**

**Application to initiate the procedure for awarding the doctoral degree**

I hereby request that the procedure for awarding me a doctoral degree in [name of the field] and discipline of [name of the discipline] should be initiated. At the same time, I declare that the subject of my doctoral dissertation is a legally protected secret referred to in Art. 188 paragraph 2 of the Act. (if you are applying for a degree in a field, please indicate the field itself. If not applicable, omit the second sentence.)

I declare that I have read the information clause referred to in § 39 of the Regulations for the conduct of proceedings for awarding the doctoral degree at the Maria Curie-Skłodowska University in Lublin.

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

Candidate's signature

Attachments:

1) The doctoral dissertation with attachments referred to in § 15 of the Regulations;

2) Positive opinion of the supervisor or positive opinions of supervisors referred to in § 16 of the Regulations;

3) Candidate's curriculum vitae;

4) A copy of the document confirming possession of the professional title of master’s degree, master of science or an equivalent or a copy of the diploma referred to in art. 326 paragraph 2 point 2 or article 327 paragraph 2 of the Act, giving the right to apply for the award of a doctoral degree in the country’s higher education system in which the university that issued it operates (original available for inspection);

5) A copy of the diploma supplement referred to in point 4 - if it has been issued (original available for inspection);

6) Statement about the lack of a supplement - if the supplement has not been issued;

7) List of scientific works and creative professional works and information about activities promoting science;

8) Information on the course of the doctoral dissertation or other proceedings for the award of the doctoral degree - if the candidate previously applied for the award of the doctoral degree;

9) A certificate confirming that the candidate has obtained learning outcomes for qualifications at level 8 of the Polish Qualifications Framework, referred to in § 7 paragraph 5 - in the case of candidates preparing their doctoral dissertation on an extramural basis;

10) Electronic medium containing electronic versions of all attachments;

11) [Other attachments]

Appendix No. 7 - Statement on the lack of a Diploma Supplement

Lublin, [date]

[Name and surname of the candidate]

[PESEL No.]

[Address for correspondence]

[Phone number]

[E-mail]

 **Institute's scientific council [name]**

 **Maria Curie-Skłodowska University**

 **in Lublin**

**Statement on the lack of a Diploma Supplement**

I hereby declare that I have not received a Diploma Supplement confirming the professional title of Master’s degree, Master of Science or equivalent.

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

Candidate's signature