## Application for an opinion on changes to the Individual Research Plan

Lublin, [date]

[Doctoral students’ full name]

[Album number]

[Address]

[E-mail]

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

I am requesting an opinion on the change to the Individual Research Plan approved by the decision
No. …........ issued on ……....... by ………..... The change(s) concern the following items:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Part of IRP | Record before change | Record after change | Justification |
|  |  |  |  |  |

………………..………………………….

Doctoral student’s signature

Attachments:

1) Unified Individual Research Plan

2) Opinion of the supervisor(s)