………………………………………….

Name of Employee

………………………………………….

Place of employment

**Declaration by an academic staff member of the University/IA PAS/IUNG-PIB/ICSC PAS stating their consent to act as the candidate's prospective supervisor**

**in the academic year 2025/2026**

In the event of enrollment to the doctoral program, I hereby affirm my consent to assume the role of a supervisor for Ms./Mrs. ……………………………………………………………………

PESEL/ the candidate's identification document numer \*………………………………………………….

\* for Candidates who do not have a PESEL number, provide the number of the identity document

…………………………………… ……………………………………………….…

 Place, date (legible signature of the Employee)