**QUESTIONNAIRE B**

**MODE III and IV SCIENTIFIC COUNCIL**

**NENCKI INSTITUTE OF EXPERIMENTAL BOLOGY, PAS**

**APPLICATION**

**FOR THE APPOINTMENT OF DISSERTATION SUPERVISOR(S)**

Field: natural sciences; Discipline: biological sciences

1. 1. Name of the doctoral student/person applying for the appointment of the dissertation supervisor(s)\*:.......................................................................................................................................

2. Affiliation (including laboratory name and email address) ……………………………………………..................................................................................

3 Procedure \*\*.

III □ IV □ ...................................................................................................................

 (Signature of the applicant)

**B I.** 1.Name and surname of the proposed supervisor I\*\*\*:....................................................................

2. Affiliation:.....................................................................................................................

3. I agree to take up the function of doctoral dissertation supervisor of

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

(name of the applicant)

……...................................................

 (Signature of the proposed supervisor)

**B II.** 1. Name and surname of the proposed supervisor II\*\*\*:...................................................................

2. Affiliation: ....................................................................................................................

3. I agree to take up the function of doctoral dissertation supervisor of

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

(name of the applicant)

…….............................................

 (Signature of the proposed supervisor)

**B III.** 1. Name of the proposed assistant supervisor\*\*\*:..................................................

2. Affiliation: ..................................................................................................................

3. I agree to take up the function of doctoral dissertation supervisor of

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

(name of the applicant)

 ……….…............................................

 (Signature of the proposed supervisor)

**C.** I intend to write my dissertation in Polish/English\*\*\*\*

Date and place …………

\* The applicant for the appointment of the supervisor(s) shall submit with this application a CV and a copy of his/her master degree diploma or an equivalent.

\*\* Modes of the doctoral degree procedure can be found in Appendix 1 of the Regulations of the Scientific Council.

\*\*\* A maximum of two supervisors or a supervisor and an assistant supervisor may be appointed.

\*\*\*\* Delete as appropriate