Gdańsk, this ……………………..

…………………………………………………….

stamp of the scientific supervisor’s MUG unit

**Declaration of the scientific supervisor**

I declare that:

1. I consent to provide supervision over the planned doctoral dissertation project:

………….…..…….……………………………..……………………………………………..…………………………….……..… candidate’s given name and surname

entitled ………….…..…….……………………………..……………………………………………..………………………….

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1. I shall assure the funds necessary to pursue the above dissertation project;
2. I am not subject to the restriction imposed in section 190(6) of the Higher Education and Science Law Act of 20 July 2018, i.e.:
3. I have not supervised 4 doctoral students struck off the list of doctoral students because of negative result of mid-term assessment,
4. I have not supervised the preparation of the dissertation by at least 2 persons aspiring to the doctoral degree who failed to obtain at least 2 positive reviews;
5. I have a record of scientific output published over the last 5 years, or at least five-year experience in research and development;
6. I declare that I shall not supervise the above candidate’s project/dissertation simultaneously at doctoral studies and the First Doctoral School of the Medical University of Gdańsk.

…………………..…………………………………..…………….

stamp and full hand-written name of the scientific supervisor

**Declaration of the Head of the Unit\***

I declare that with respect to the planned doctoral dissertation project I shall assure the teaching hours in the number defined in the resolution of the MUG Senate.

…………………..…………………………………..…………….

stamp and full hand-written signature of the unit head \*

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\* The MUG unit employing the candidate’s scientific supervisor.