Gdańsk, this …………………………

………………………………………………………………

candidate’s vocational title, given name and surname

………………………………………………………………

………………………………………………………………

complete postal address

………………………………………………………………

contact telephone number

………………………………………………………………

e-mail

**Declaration of the candidate**

**to the First Doctoral School of the Medical University of Gdańsk**

I declare that:

1. I am not a student of any doctoral school.
2. I will not be employed as an academic teacher or researcher as of 01/10/2021 and up to the completion of the mid-term assessment.
3. I am/am not1) doing doctoral studies.

The scientific discipline the project concerns:

………………………………………..…………………………………………….…………………………………………………..…2)

The scientific supervisor/project supervisor at my doctoral studies is:

………………………………………..………………………………………………………….……………………………………..…2)

The title of the doctoral dissertation written in the doctoral studies mode:

…………………………………………………………………………………………………..…………………………………………2)

1. In the case I am admitted to the First Doctoral School of the Medical University of Gdańsk I will submit an application with the relevant ethics commission within one month after I commence studies at the Doctoral School , and shall notify the Doctoral Students Office of the fact.

…………………………………………………

the candidate’s full name in handwriting

1) delete as appropriate

2) complete, if the candidate is doing doctoral studies