Appendix 6 to Regulations for the DSBUT

Bialystok University of Technology

**Consent of a supervisor(s) or an assistant supervisor**

**A. Personal details of the supervisor:**

Name(s) and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title and/or degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisational unit of BUT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. I declare that:**

1. I hereby consent to take the function of the supervisor of Mr/ Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname of the doctoral student),

in the scientific discipline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. I will provide funding for the research topic, along with the estimation of the use of the BUT funds and external research.
2. I meet the statutory requirements to be a supervisor and in particular within the last 5 years:
3. I was not a supervisor of 4 doctoral students who were removed from the register due to a negative mid-term evaluation, or
4. I did not supervise the preparation of a doctoral thesis by at least 2 persons who did not obtain positive reviews referred to in Article 191, Section 1 of the Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Place and date Supervisor’s signature*

**C. Personal details of the assistant supervisor:**

Name(s) and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisational unit of BUT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Declaration**

1. I hereby consent to take the function of the assistant supervisor of Mr/ Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname of the doctoral student),

in the scientific discipline

I declare that I meet the statutory requirements to be a supervisor and in particular within the last 5 years:

1. I was not a supervisor of 4 doctoral students who were removed from the register due to a negative mid-term evaluation, or
2. I did not supervise the preparation of a doctoral thesis by at least 2 persons who did not obtain positive reviews referred to in Article 191, Section 1 of the Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Place and date Assistant supervisor’s signature*