Appendix 3 to Regulations for the DSBUT

Bialystok University of Technology

Consent of the candidate for a supervisor(s) or an assistant supervisor

A. Personal data 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

in the field of scientific discipline.………………………...

1. I shall also provide access to research apparatus when experimental research is required.
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 Art. 191 (1) of the Act.
5. The total number of doctoral students under my independent supervision including Mr/ Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not exceed 4.

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

Place and date Signature

C. Personal data of the assistant supervisor:

Name(s) and surname (degree):

…………………………….

Organisational unit of BUT:

………………………………….

D. I declare that:

The total number of doctoral students under my independent supervision including   
Mr/ Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not exceed 2.

I hereby consent to take the function of the assistant supervisor of Mr/ Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

in the field of scientific discipline.………………………....

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

Place and date Signature