**ACADEMIC RESEARCHER OPINION**

First and last name …………………………..………………………………………………..

Title and academic degree: prof. dr hab./ dr hab. ………………………………………….......

(of the academic researcher)\*

Position:………………….. employed in the Faculty of Botany/Institute of Environmental Sciences/Institute of Zoology and Biomedical Research/Faculty of Biology.

I, the undersigned, wish to start scientific cooperation within the scope of:

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

(scope of research subject-matter)

…………………………………………………………………………………………………

 if candidate ……………….………………..…….. ………………………………is admitted

 (Candidate’s first and last name)

to the chemistry programme at the Doctoral School of Exact and Natural Sciences.

Kraków, dated ........................................

Signature

\*An academic researcher with the title of *profesor* (professor) or academic degree of *doktor habilitowany* (assistant professor) employed in the unit in which the candidate intends to start the chosen educational programme.