CONFIRMATION OF THE RESEARCH FELLOW

First and last name
Title and academic degree: prof. dr hab./ dr hab. (Research scientist)*
Position: employed in the Institute/
At the Faculty
I, the undersigned, express my willingness to undertake scientific cooperation in the field of:
(scope of research topics)
In the case of admitting a candidate
to the PhD programme
Kraków, datedSignature

^{*}researcher who holds the academic title of professor or the habilitated doctor and is employed in the department in which the candidate intends to pursue the education program.