

Location:.....; Date:

Scientific supervisor:

.....
(degree, name and surname)

.....
(institution)

.....

.....
(institution)

Scientific supervisor's approval

I declare that if project:

.....
(project title)

which is pursued by

.....
(student's name and surname)

is eligible for funding as a part of Student's Research Grant at the University of Lodz, I will agree to be the scientific supervisor of the above-mentioned project.

.....
(Scientific supervisor's signature)

.....
(Director's of Departament signature and stamp)