Lodz, date: …………………………………….

**DOCTORAL STUDENT’S DECLARATION FOR SCIENTIFIC APPRENTICESHIP**

I, the undersigned ……………………………..……………………………………….........................................................

 *(full name)*

declare my participation in scientific apprenticeship in the following period: ……………………………………

in the research/scientific unit specified below:

**Apprentice – doctoral student**

|  |  |
| --- | --- |
| Full name  |  |
| PESEL No. (if applicable) |  |
| Home address |  |
| E-mail address |  |
| Telephone no. |  |
| Name of UL Doctoral School |  |
| Year of curriculum |  |

**Research/scientific unit**

|  |  |
| --- | --- |
| Name of unit(University, faculty, department) |  |
| Official address |  |
| Name of apprenticeship coordinator at host unit |  |
| Contact data (telephone no., e-mail address) |  |
| Website of host unit |  |

I declare that I have valid accident insurance (NNW) for the period of apprenticeship.

At the same time, I declare that I will cover the costs of stay and apprenticeship implementation from the following sources:

* ………………………………………………………………………………………………………………………………………….……
* ………………………………………………………………………………………………………………………………….……………

 ………………………………………………………………….

 Signed by doctoral student

**Doctoral Supervisor’s opinion on apprenticeship:**

I consider the apprenticeship to be purposeful – and I express my opinion that it will enable the doctoral student to broaden the knowledge of the subject area of their dissertation and it will contribute to their overall scientific development.

………………………………………………………………
 Signed by supervisor

**Decision of Director of the UL Doctoral School on the implementation of apprenticeship:**

Accepted / Not accepted[[1]](#footnote-1)

 …………………………………………………………………….

 Signed by Director of UL Doctoral School

1. Delete as appropriate [↑](#footnote-ref-1)