

SZKOŁA DOKTORSKA NAUK O KULTURZE FIZYCZNEJ
AKADEMII WYCHOWANIA FIZYCZNEGO IM. BRONISŁAWA CZECHA W KRAKOWIE

.....
Full name

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Student Identifier

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PESEL ID

Director of Szkoła Doktorska Nauk o Kulturze Fizycznej AWF
Prof. dr hab. Barbara Frączek

**REQUEST FOR EXTENSION OF DEADLINE FOR SUBMISSION OF DOCTORAL
DISSERTATION BEYOND THE PERIOD PRESCRIBED IN THE INDIVIDUAL RESEARCH
PLAN (IPB)**

Pursuant to §22 (1) of the Terms and Conditions of NoKF AWF Doctoral School , I request for an extension of deadline for submission of my doctoral dissertation as indicated in IPB by ... - that is: until ... due to one of the following reasons: *(mark as applicable)*:

- 1) I need to conduct long-term research under my Individual Research Plan (IPB);
- 2) I am temporarily incapable of continuing my course of education due to an illness, as attested by a medical certificate indicating the period of incapacity for studying *;
- 3) I am obliged to provide personal care for a family member, as attested by a medical certificate indicating the period during which the family member is incapable of independent functioning and requires assistance*;
- 4) I hold a disability certificate *;
- 5) I need to provide personal care for a child under the age of 4 or a child – holder of disability certificate *.

I further declare that *(mark as applicable)*:

- 1) I have not previously filed a request for extension of deadline for submission of doctoral dissertation
- 2) I have previously been awarded an extension of a deadline for submission of doctoral dissertation by (enter the period of extension).

I am aware of the fact that the total extension of the deadline for submission of doctoral dissertation must not exceed 2 years.

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I further declare that I am familiar with the provisions of the Higher Education and Science Law Act of 20 July 2019 (Art. 209(2)) stating that the total period of receiving a doctoral scholarship in doctoral schools must not exceed 4 years.

Statement of reasons for the request:

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*I have attached hereto a photocopy of documentation confirming the circumstances described above.

I have attached hereto an updated Individual Research Plan.

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Date and signature of the Doctoral Student

Supervisor's Opinion

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Date and signature of the Supervisor

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Assistant Supervisor's Opinion

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Date and signature of the Assistant Supervisor

Opinion of the Doctoral School Board

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Date and signatures of Members of the Doctoral School Board

Decision of the Doctoral School Director

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Date and signature of the Doctoral School Director