

Kraków, date .....

## DOCTORAL STUDENT'S DECLARATION OF DOCTORAL DISSERTATION SUBMISSION

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Full name of Doctoral Student

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Student Identifier

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Doctoral Student's PESEL ID

.....  
Supervisor

.....  
Assistant Supervisor

Title of Doctoral Dissertation .....  
.....  
.....

I hereby confirm that on ..... I submitted with the AWF Kraków Council of Science a  
doctoral dissertation for the purpose of initiating and completing the procedure for award of  
a doctoral degree.

.....  
Date and Signature of Doctoral Student

.....  
Confirmation of doctoral dissertation submission made by receiving Staff Member  
(Date and full name of Staff Member)