

Kraków, date .....

**DOCTORAL STUDENT'S DECLARATION OF DOCTORAL DISSERTATION  
COMPLIANCE WITH THE INDIVIDUAL RESEARCH PLAN**

.....  
Full name of Doctoral Student

.....  
Student Identifier

.....  
Doctoral Student's PESEL ID

.....  
Supervisor

.....  
Assistant Supervisor

I hereby confirm that the doctoral dissertation (*Dissertation title*) .....

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.....

complies/does not comply\* with the Individual Research Plan pursued at Szkoła Doktorska  
Nauk o Kulturze Fizycznej AWF w Krakowie.

.....  
Date and Signature of Doctoral Student

.....  
Date and signature of Supervisor

.....  
Date and signature of Assistant Supervisor

\*strike out as appropriate