........................................., on ……………………….

 (place)

**PROJECT OF DOCTORAL DISSERTATION**

**Candidate’s name and surname:**

**Intended supervisor’s name and surname:**

**Faculty:**

**Unit where the dissertation will be carried out:**

**Proposed topic of the dissertation:**

**Discipline: medical sciences/biomedical engineering (delete as appropriate)**

**Concise description of the project taking into account the specificity of the discipline (maximum three A4 pages; font size 12; spacing 1,5):**

1. **existing state of knowledge regarding the research topic;**

1. **scientific purpose of the work (what problem the doctoral student undertakes to solve, what is the essence of the problem, what justifies its undertaking/hypotheses/research questions);**

1. **methodology;**

1. **work schedule.**

*candidate’s signature:*

**…………………………………………….**

*intended supervisor’s signature:*

**…………………………………………….**

###

........................................., on ……………………….

 (place)

(name and surname, academic degree or title, unit)

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**DECLARATION OF THE HEAD OF THE UNIT**

**IN WHICH THE DOCTORAL DISSERTATION WILL BE CARRIED OUT**

I give my consent for Mr/Ms ……………….……………………..…….………………………………………………………………………

to carry out the doctoral dissertation entitled

……………………………………………………….……………………………………………..….………………………………………………………..
under the scientific supervision of

…………………………………………….…………………………….……………………….………………………………………………………………

at the Faculty of ……………………..………………………….…. in (enter the unit in which the doctoral dissertation will be carried out) .……….………………………………………………………………………………………………………………………….…

subject to positive qualification, and I provide the opportunity to obtain an adequate teaching load.

 *signature of the unit’s head:*

 **…………………………………………….**

*signature of the dean/authorized vice-dean*

**………………………………………………………....**

........................................., on ……………………….

 (place)

(name and surname, academic degree or title, unit)

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........................................................................

**DECLARATION OF THE INTENDED SUPERVISOR**

I hereby declare that in the case of positive qualification by the Recruitment Committee of Mr/Ms .............................................................................. to the UWr Doctoral School for the training program in the discipline of medical sciences/biomedical engineering (delete as appropriate) (Doctoral College of Biomedical Sciences), I undertake to supervise the doctoral thesis carried out by the above-mentioned person entitled: .............................................................................................................................................................. and to provide a research position for the period of writing of the doctoral thesis.

 *intended supervisor’s signature:*

**……………………………………………...**