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|  | Toruń, ………………… date |
| ………………………………………Name and surmane………………………………………Index number………………………………………Year of education |  |
| Prof. dr hab. Wiesław NowakDoctoral School of Exact and Natural Sciences |
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| APPLICATION FOR CONSENT TO PARTICIPATE IN THE CONFERENCE |
|  |
| *(please indicate whether the you have already been entered on the list of conference participants; provide the name of the conference, date and place, conference organiser, form of participation (with or without a talk/poster), justification for participation - especially in the case of passive participation, estimated costs of participation in the conference and source of financing, information on possible planned post-conference publications)*I undertake to submit a written report on the trip within 30 days from the date of return. |
|  | ……………………………………………………PhD candidate signature |
| Opinion of the supervisor(s) *(may be attached as a separate document)* |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
|  | ……………………………………………………Supervisor(s) sigature |
| Decision of PhD School Director |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
|  | ……………………………………………………Stamp and signature  |