

Warsaw,

First and last name of candidate

Mailing address

Phone no.

E-mail

INFORMATION FORM

Proposed research project topic:

discipline*:

☐ pedagogy

☐ psychology

Consent to exercise scientific supervision for the preparation of the doctoral dissertation was granted by:

.....

(first and last name, degree/title, affiliation)

1. I completed my master's studies or equivalent on with a grade/score of
.....

The topic of my thesis was:

.....

2. I have a doctoral degree: yes / no*

University name:.....

Title of doctoral dissertation:

Field/discipline:.....

Defense date:

3. I received education at the Doctoral School: yes / no*

School name:

Period of study (from-to):.....

Field/discipline:.....

Title of doctoral dissertation:

4. I was/am a doctoral student in third-cycle studies: yes / no*

University name:.....

Title of doctoral dissertation:

Supervisor:

Number of completed semesters:

Dismissal, date:

5. I speak Polish to a degree enabling me to take up studies in this language**: yes/no*

Warsaw,

.....

*(Candidate's signature confirming the data
provided in the form)*

*Mark as appropriate

* Applies to foreigners