...., ...
Name and surname of the candidate for assistant supervisor Place Date

.....
University/Organizational unit

I give my consent to perform the function of doctoral student's assistant supervisor ..... *(name and surname of doctoral student)* during his/her* education at the Doctoral School at University of Rzeszów in a scientific / artistic discipline*: .....

I hereby declare that:

1. I have scientific/artistic* achievements related to research problems undertaken by the above-mentioned doctoral student.
2. I have at least a doctoral degree.
3. There is no conflict of interest between the above-mentioned doctoral student and me. Therefore:
   1) we do not have a common household;
   2) we do not have a relationship of kinship, affinity up to the second degree, or a relationship of adoption, custody or guardianship.

.....
date and signature

*select appropriate