

.....  
Name and surname of the supervisor

....., .....  
Place Date

.....  
University/Organizational unit

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

.....  
date and signature

\*select appropriate