# Questionnaire for a candidate applying for the degree of Doctor

# in the field of medical and health sciences in the discipline of pharmaceutical sciences

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| Name(s) and surname: .................................................................................................................. |
| Date and place of birth: .................................................................................................................. |
| PESEL number:

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 |  Nationality: ................................................................... |
| Address of residence: .................................................................................................................. Address for correspondence: ...........................................................................................................phone ........................................................................ email..................……….........……….........  |
| Place of employment (mark as appropriate): MUB outside of MUBMUB doctoral student: yes no |
| Place of preparing doctoral thesis: .....…………………………………………………………………………………….…………….…………….…… ………………………………………………………………………………………………………………………… |
| I am aware the criminal liability for making false statement, I certify the truthfulness of all the above data:  .......................................................... .......................................................... (place and date) (signature of the candidate) |

I consent to the processing of my personal data by the Medical University of Bialystok, with its seat in Białystok 15-089 at ul. ul. Jana Kilińskiego 1, in order to conduct the doctoral procedure in accordance with the current provisions on the protection of personal data for the purposes necessary for the performance of the duties specified in the act of 20 July 2018 – The Law on Higher Education and Science (i.e. Journal of Laws of 2020 item 85 as amended)

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 (place and date) (signature of the candidate)