Białystok, .........................

……………………………………………………………..………………………

Title/degree, name of the candidate for supervisor/auxiliary supervisor

……………………………………………………….………………………………

Name of the unit employing the candidate for supervisor/auxiliary supervisor

**Consent to perform the function of the supervisor/auxiliary supervisor\***

I agree to perform the function of the supervisor/auxiliary supervisor\* in the proceedings for the award of a doctoral degree in medical sciences and health sciences in the discipline of pharmaceutical sciences.

Topic of the doctoral dissertation: .............................................................................

Author:…………………………………………………………………………………..………

 ……….………………….…………………

 (signature of the candidate for supervisor/auxiliary supervisor)

\*delete as appropriate