Białystok, .........................

………………………………………………….………

Title/degree, name of the candidate for supervisor

……………………………………………….…………

Name of the unit employing the candidate for supervisor

**Statement of the candidate for supervisor**

I declare that I meet the requirements for performing the functions of the supervisor specified in art. 190 section 4 or 5 of the Act of 20 July 2018 – Law on Higher Education and Science (i.e. Journal of Laws of 2020 item 85 as amended) and § 5 section 3 of the Appendix no. 1 to the Senate Resolution no. 91/2019 of 24.10.2019 on determination of the procedure for granting the degree of Doctor and the degree of Habilitated Doctor at the Medical University of Bialystok.

I declare that in the last 5 years:

1. I was not a supervisor of 4 doctoral students who were removed from the list of doctoral students due to a negative midterm evaluation;
2. I did not supervise the preparation of the dissertation by at least 2 applicants for the degree of Doctor who did not receive positive reviews referred to in art. 191 section 1 of the Act.

In addition, I declare that I have not been punished with a disciplinary penalty of deprivation of the right to perform the function of the supervisor, referred to in art. 276 section 1 point 4 of the Act / I was punished with a disciplinary penalty of deprivation of the right to perform the function of the supervisor, referred to in art. 276 section 1 point 4 of the Act, but its duration ended on: ............ (the end date of the penalty).\*

..…………..………………………..

signature of the candidate for supervisor

\*delete as appropriate