## Model declaration concerning consent to act as a supervisor or auxiliary supervisor

	Gdańsk, 20 20
(name and surname, degree/title held)	
address	
University/Institution	
	Headmaster of the Doctoral School of the Stanisław Moniuszko Academy of Music in Gdańsk
I hereby agree to be appoint	ted to act as a Supervisor/Auxiliary
Supervisor* of the doctoral dissert	· · · · · · · · · · · · · · · · · · ·
Simultaneously, I declare that the 13(4) of the Doctoral School Regul	re are no circumstances set out in paragraph
	Yours sincerely
	signature

<sup>\*</sup>Proposals for supervisor or auxiliary supervisors should be provided if necessary.