Appendix No. 11

to Ordinance 182/2023

of 21 July 2023

Wrocław, …………………………….

**Head of the Doctoral College of**

**………………………………………………** *(college’s name)*

**APPLICATION**

**on the suspension of training**

**at the Doctoral School of the University of Wrocław**

|  |  |
| --- | --- |
| **(parts A, B, C to be filled out by the PhD student)** | |
| **A. PhD STUDENT’S DETAILS** | |
| NAME AND SURNAME |  |
| PESEL |  |
| ALBUM NUMBER |  |
| YEAR OF THE COMMENCEMENT OF TRAINING AT THE DOCTORAL SCHOOL |  |
| **B. DOCTORAL DISSERTATION** | |
| DISSERTATION’S TITLE |  |
| SCIENTIFIC DISCIPLINE |  |
| DISSERTATION’S SUBMISSION DEADLINE ACCORDING TO THE INDIVIDUAL RESEARCH PLAN |  |
| NAME AND SURNAME OF THE SUPERVISOR/S, ACADEMIC DEGREE/TITLE |  |
| NAME AND SURNAME OF THE ASSISTANT SUPERVISOR, ACADEMIC DEGREE/TITLE |  |
| ORGANISATIONAL UNIT OF THE UNIVERSITY OF WROCŁAW |  |
| **C. REASON FOR THE SUSPENSION OF TRAINING AT THE DOCTORAL SCHOOL** | |
| I am applying for suspension of training for the period corresponding to the duration of:   * maternity leave\*, * leave on terms of maternity leave\*, * paternity leave\*, * parental leave\*   - laid down in the act of 26 June 1974 – Labour Code (Journal of Laws of 2022, item 1510, as amended)  *from …………..……….… to …………............ on account of ………………………………………………..… leave*  *(day-month-year) (day-month-year) (provide one of the above)*  *of* …… weeks (……..%);  *(number)*  *from …………..……….… to …………............ on account of ………………………………………………..… leave*  *(day-month-year) (day-month-year) (provide one of the above)*  *of* …… weeks (……..%);  *(number)*  *from …………..……….… to …………............ on account of ………………………………………………..… leave*  *(day-month-year) (day-month-year) (provide one of the above)*  *of* …… weeks (……..%);  *(number)*  *from …………..……….… to …………............ on account of ………………………………………………..… leave*  *(day-month-year) (day-month-year) (provide one of the above)*  *of* …… weeks (……..%);  *(number)*  I declare that:   * as of the day of the submission of this application I am receiving doctoral stipend in the amount of PLN …………………………………   ………………………………………………………….  *(date and PhD student’s legible signature)* | |
| **(part D to be filled out by the supervisor/s or the supervisor and assistant supervisor\*\*)** | |
| **D. SUPERVISOR/S OR SUPERVISOR AND ASSISTANT SUPERVISOR** | |
| I have taken note: | |
| ……………………………………….………..……………………………………………………………  *(date, supervisor’s/supervisors’ signature/s)*  *………………………………………..………….…………………………………………………………*  *(date, assistant supervisor’s signature)* | |
| **(part E to be filled out by the head of the doctoral college)** | |
| **E. DECISION OF THE HEAD OF THE DOCTORAL COLLEGE** | |
| Pursuant to § 36 section 1 of the Resolution 134/2019 of the Senate of the University of Wrocław of 25 September 2019 on the regulations of the Doctoral School of the University of Wrocław, as amended, in conjunction with Article 204 section 3 of the act *Law on Higher Education and Science* (Journal of Laws of 2022, item 574, as amended) **I give my consent for the suspension of training at the Doctoral School** in the period referred to in part C of this application. | |
| …………………………………….……………………………………………………………  *(date, college head’s stamp and signature)* | |

\* Select an appropriate reason for the suspension of training at the Doctoral School. The PhD student is obliged to attach a copy of the child’s birth certificate or a medical certificate specifying the due date (suspension for the period corresponding with the period of maternity leave may begin 6 weeks before the due date at the earliest).

\*\* Delete the inapplicable.