Na	me a	nd surname of the candidate for assistant supervisor	Place	Date
 Un		ity/Organizational unit		
		I give my consent to perform the function (		·
		* education at the Doctoral School at University of		•
		I hereby declare that:		
1.		ave scientific/artistic* achievements related to rentioned doctoral student.	esearch problems und	ertaken by the above-
2.		ave a doctoral degree.		
3.		nere is no conflict of interest between the above-mentioned doctoral student and me.		
	1)	we do not have a common household;		
	2)	we do not have a relationship of kinship, affinity adoption, custody or guardianship.	up to the second degr	ee, or a relationship of
			date a	nd signature

<sup>\*</sup>select appropriate