………………………………..

Place, date

……………………………..

Title, degree, full name

………………………………

Place of employment

# ADVISOR DECLARATION1

I declare that I fulfill all the requirements for advisors described in Article 190 of the Act on Higher Education and Science of 20 July 2018.

………………………………………….

(signature of the candidate for advisor)

1please complete the appropriate form

………………………………..

Place, date

……………………………..

Title, degree, full name

………………………………

Place of employment

# SECOND ADVISOR DECLARATION1

I declare that I fulfill all the requirements for advisors described in Article 190 of the Act on Higher Education and Science of 20 July 2018.

………………………………………….

(signature of the candidate for advisor)

1please complete the appropriate form

………………………………..

Place, date

……………………………..

Degree, full name

………………………………

Place of employment

# AUXILIARY ADVISOR DECLARATION1

I declare that I fulfill all the requirements for auxiliary advisors described in Article 190 of the Act on Higher Education and Science of 20 July 2018.

………………………………………….

(signature of the candidate for auxiliary advisor)

1please complete the appropriate form