

Stamp of Department

Krakow, date

1.
First name and last name of PhD student

2.
First name and last name , scientific title of supervisor

3.
Title of PhD thesis

4. **PLAN of optional courses at the Doctoral School**

Course*	Teacher	Completion of the course at		Department/ University**	Number	
		Year	Semester		Hours	ECTS

* when choosing a course from outside the University, *the course syllabus* should be attached

** specify also a name of University when outside of the University of Agriculture in Krakow

5. **PLAN of specialized and/or interdisciplinary seminars at the Doctoral School**

Seminar	Teacher	Completion of the course at		Department/ University*	Number	
		Year	Semester		Hours	ECTS

* specify also a name of University when outside of the University of Agriculture in Krakow

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signature of supervisor/supervisors

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signature of PhD student

Confirmation
Head of Doctoral School