Appendix no. 2

to the Rules for the evaluation of scientific care

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| **EVALUATION OF SCIENTIFIC CARE****PROTOCOL** |

Krakow, date ………………………

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|  |
| NAME AND SURNAME OF THE SUPERVISOR |
| NAME AND SURNAME OF THE PhD STUDENT |
| DATE OF BEGINNING OF EDUCATION AT THE DOCTORAL SCHOOL |
| DISCIPLINE  |
| DEPARTMENT  |
| ASSISTANT SUPERVISOR  |
| TITLE OF PhD DISSERTATION |
| Scientific supervision of the PhD student.............................................................................................. provided by Mrs/Mr …………………………………………………………………………………………… was assessed on …………………………… by the Committee composed of: Head of the Committee ................................................................ Secretary of the Committee ................................................................ Member of the Committee .................................................................  |
| Assessment of the supervisor’s commitment to the research work of the PhD studentFINAL ASSESSMENT: *positive*/*negative*\*\* *delete unnecessary* |
| Justification and conclusion of the Committee:………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Committee of evaluation of scientific care composed of:Head of the Committee ................................................................ Secretary of the Committee ................................................................ Member of the Committee .................................................................  |
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|  |

I acknowledge the above assessment:

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 *Signature of supervisor*