|  |
| --- |
| Warsaw, ……………………….. |

|  |
| --- |
| **Scientific Council of the Discipline:**  (type appropriate)  **Doctoral School of Warsaw University of Technology** |

……………………………………….

Name and surname of the PhD student

Register number: KD-…….................

……………………………………….

Scientific discipline

**Request for dismissal of supervisor**

I request the dismissal of the supervisor/secondary supervisor /assistant supervisor\* of the doctoral dissertation in the person of:…………………………...................................................

Justification:….………………………………………………………………………………….

..……………………………

signature of the PhD student

**Opinion of the supervisor**

I consent to the dismissal of the supervisor/secondary supervisor /assistant supervisor\*

….………………………………

signature of supervisor