……………(place), …………..………………………. (date))

**Consent of the person acting as auxiliary supervisor in the proceeding for conferment of the doctoral degree of ……………………………………………………**

Title/degree, name of person proposed ...................................................................................................................

PESEL number of the proposed person ....................................................................................................................

Name of the employing entity of the proposed person ...................................................................................................................................................................................

E-mail address of the proposed person ....................................................................................................................

Telephone number of the proposed person .............................................................................................................

I hereby agree to be appointed the dissertation auxiliary supervisor of ...........................................(insert the PhD candidate’s full name).

 ...................................................................................

 Signature of the person providing the consent