**Appendix 3**

to the Terms and Conditions and Procedure of the Recruitment Process to the Doctoral School at the PUMS – 2021/2022 academic year

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

(scientific degree/title, first and last name of the person making declaration)

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

 (workplace – PUMS unit)

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

 (contact phone; e-mail)

**DOCTORAL SCHOOL RUN BY**

**THE POZNAŃ UNIVERSITY OF MEDICAL SCIENCES**

**DECLARATION**

**of an academic teacher designated as the thesis supervisor, pertaining to the consent on taking the candidate under scientific supervision after the candidate has been admitted to the Doctoral School**

I hereby consent to assume the duties of the thesis supervisor of the doctoral dissertation of Mr/Ms ....................................... ................................................, who applies for the admission to the Doctoral School run by the Poznań University of Medical Sciences.

Scientific and didactic work will be pursued at .................................................................

(please provide the name of the University unit)

I hereby declare that:

* I can confirm that I have published scientific achievements within the last 5 years. My scientific achievements for 2016-2020 comprises ....................... publications with an IF total value of = ....................... and accordingly, ....................... publications as the first author with an IF total value of = ....................... and ....................... publications as a senior author with an IF total value of = .......................

**(please attach a list of the 4 highest-scored publications with the first, second, or last authorship in line with the Admission Scoring System to the Doctoral School, item 5 – the thesis supervisor’s scientific achievements)**

* my employment at the University allows me to supervise the above-mentioned doctoral student throughout the duration of education at the Doctoral School,

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

(place and date) (signature and the stamp of the person making declaration)