Appendix No. 2 to Resolution No. 690/2024

Senate of the Maria Grzegorzewska University

of 24 January 2024

Warsaw, …………………………..

First and last name of candidate

Mailing address

Phone no.

E-mail

**INFORMATION FORM**

**Proposed research project topic:**

discipline\*:

□ pedagogy

□ psychology

Consent to exercise scientific supervision for the preparation of the doctoral dissertation was granted by:

(first and last name, degree/title, affiliation)

**1. I completed my master’s studies or equivalent** on ……………… with a grade/score of ......………

The topic of my thesis was:

**2. I have a doctoral degree**: yes / no\*

University name:

Title of doctoral dissertation:

Field/discipline:

Defense date:

**3. I received education at the Doctoral School**: yes / no\*

School name:

Period of study (from-to):

Field/discipline:

Title of doctoral dissertation:

**4. I was/am a doctoral student in third-cycle studies**: yes / no\*

University name:

Title of doctoral dissertation:

Supervisor:

Number of completed semesters:

Dismissal, date:

**5. I speak Polish to a degree enabling me to take up studies in this language\*\*:** yes/no\*

Warsaw, …………………………………………

…………………………………………………….

*(Candidate’s signature confirming the data provided in the form)*

\*Mark as appropriate

\* Applies to foreigners