*Appendix No. 1 to the Dean’s Communication of 23 November 2023*

*Appendix*

*to the Conference Travel Grant Agreement*

**Request for permission to attend a conference for Doctoral Students
at the Doctoral School**

1. Last name: **Please click or tap here to enter text.**
2. First name: **Please click or tap here to enter text.**
3. Educational profile: **Please click or tap here to enter text.**
4. Education year: **Please click or tap here to enter text.**
5. Album number: **Please click or tap here to enter text.**
6. Conference organiser: **Please click or tap here to enter text.**
7. Date: **Please click or tap here to enter text.**
8. Place: **Please click or tap here to enter text.**
9. Conference title: **Please click or tap here to enter text.**
10. Presentation format:

 [ ]  paper, title: **Please click or tap here to enter text.**

 [ ]  poster, title: **Please click or tap here to enter text.**

1. Reasons for participation (max. 500 words):
…………………………………………………………………………………………
2. Costs:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Cost type | Amount | Source of funding |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Warsaw, Please click or tap here to enter the date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of the Doctoral Student

**Supervisor’s opinion:** Please click or tap here to enter text. *First and last name of the Supervisor*

*I hereby confirm that the participation of the Doctoral Student in the conference is related to the implementation of his/her Individual Research Plan.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of the Supervisor

**Dean’s decision:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_