……………………………

*place, date*

…………………………………

*name and surname*

…………………………………

*address*

…………………………………

*date and place of birth*

………………………………….

*doctoral student ID No.*

**Director of the Doctoral School**

**of Poznan University of Technology**

**APPLICATION FOR**

**EDUCATION COMPLETION CERTIFICATE**

Pursuant to Art. 217 § 1 of *The Code of Administrative Procedure* and in accordance with Art. 204 sec. 1 *The Law on Higher Education and Science*, I kindly request the certificate of completion of my educationat the Doctoral School to be issued.

This certificate is necessary for me to initiate the proceedings for being awarded a PhD degree.

………………………………………

*The applicant's signature*