……………………………

 *Place, date*

…………………………………

*name and surname*

…………………………..……………

*scientific discipline*

…………………………..……………

*doctoral student ID No.*

……………………………………….

*year and semester of education at the Doctoral School*

**Director of Doctoral School
Poznan University of Technology**

**Request to suspend education at the Doctoral School**

I request the suspension of education at the Doctoral School for a period corresponding to the duration of:

…………………………………………. from …………… to ………….. of … week(s),

…………………………………………. from ……………to …………..of … week(s),

specified in the Law of 26 June 1974 – Labour Code (Journal of Laws 2022, item 1510, as amended).\*

………………………………………

 *signature of the applicant*

Hereby acknowledged (by the undersigned).

*…………………….………..……………………… …………………….………..…………………………*

 *date, signature of supervisor (1) date, signature of supervisor (2) /* *auxiliary supervisor\*\**

**Decision of the Director of the Doctoral School:**

Pursuant to § 8 of Resolution No. 181/2020-2024 of the Senate of Poznan University of Technology dated March 27, 2024. *Regulations of the Doctoral School* in conjunction with Article 204 sec. 3 of the Law on Higher Education and Science (Journal of Laws 2024, item 1571, as amended), **I grant my consent** to the suspension of education at the Doctoral School during the requested period.

………………………………………

 *signature of the Director*

*\* The applicant is required to attach documents proving his/her inability to follow the education due to ongoing maternity leave, leave under conditions of maternity leave, paternity leave and parental leave, as defined by Law of 26 June 1974* – *Labour Code (Journal of Laws 2022, item 1510, as amended).*

 *\*\* delete as appropriate*