



DOCTORAL SCHOOL
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.....
(title/degree Name and Surname of Head / Member of Commission*)

.....
(represented discipline)

.....
(Name and Surname of assessed PhD student)

STATEMENT OF HEAD / MEMBER* OF MID-TERM ASSESSMENT COMMISSION REGARDING THEIR RELIABILITY, IMPARTIALITY AND CONFIDENTIALITY

I hereby undersigned below:

1. Undertake to:

- not use, keep all documents obtained for assessment as well as any information obtained during the procedure of mid-term assessment confidential, also in case of resignation from their assessment,
- immediately remove all materials and documents (printouts, photocopies, records on computer data carriers, etc.) concerning information indicated above, after completion of the procedure of mid-term assessment,

2. Accepting documents for assessment, I clearly declare no conflict of interest with the doctoral student, in particular:

- I was not appointed as supervisor or tutor of M.Sc./M.A. Diploma of the doctoral student,
- I am not a co-author of publications or contractor in external scientific projects carried out with the participation of the doctoral student,
- I am not appointed as supervisor or auxiliary supervisor of the PhD Thesis realized by the doctoral student,
- I am not in marriage, kinship or affinity up to the second degree with a doctoral student or persons representing the Division where the doctoral dissertation is being conducted,
- I am not in any other legal relationship with the doctoral student, supervisor or auxiliary supervisor of their doctoral dissertation which may affect my rights and obligations,
- I was not involved, to any extent, in the preparation of the mid-term evaluation documents of the doctoral student,
- I am not an employee of PUT* / or the Division in which the assessed PhD student realizes their PhD thesis*,
- there exists no other condition which might limit my reliability or impartiality.

3. Should there appear any condition which might affect the reliability or impartiality of my assessment I undertake to immediately inform relevant Head of Mid-term Assessment Commission* / Director of Doctoral School* of such an instance.

.....
(date)

.....
(signature of Head / Member of Commission*)