

POZNAN UNIVERSITY OF TECHNOLOGY

DOCTORAL SCHOOL ul. Piotrowo 3, 60-965 Poznań, tel.: +48 61 665 3838 e-mail: phd.school@put.pl www.phdschool.put.poznan.pl



(title / degree Name and Surname of Head / Member of Commission*)
(represented discipline)
(Name and Surname of assessed doctoral 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 am not / am* an employee of PUT, and unequivocally declare no conflict of interest with the doctoral student, in particular:
 - I was not appointed as supervisor or tutor of MSc / MA 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 doctoral dissertation 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 the Division in which the assessed doctoral student realizes their dissertation,
 - 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 the Doctoral School* of such an instance.

(date)	(signature of Head / Member* of Commission)
(dato)	(signature of ricad / Member of Commission)