Warsaw, on ..........

........................................................

(name and surname of the doctoral student)

........................................................

(home address)

.......................................................

(PESEL/passport no.)

........................................................

(Lab / studio, year of study)

**To the**

**Head of Doctoral Studies   
at the School of Molecular Biology**

**Institute of Biochemistry and Biophysics**

**Polish Academy of Sciences**

I kindly ask you to **extend my doctoral studies** for academic year 20……./20......... until ............................

(day,month,year)

Were there any longterm (more than 2 months) breaks in education during studies (please describe if YES): YES / NO ……………………………………………….

Justification for extending education: ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Please consider my request positively.

..........................................

PhD student's signature

Opinion of the research supervisor / supervisors

.............................................................................................................................................................. .............................................................................................................................................................. ..............................................................................................................................................................

The date of completion of work on the doctoral dissertation provided by the supervisor:

..........................................

signature of the academic supervisor

**DECISION OF THE HEAD OF DOCTORAL STUDIES**

1. I consent to the extension of doctoral studies until ......................................

2. I do not consent to the extension of the duration of doctoral studies.

……………………………………….

(signature of the Head of Doctoral Studies)