Toruń, date………………………..r.

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*(Full name of doctoral student)*

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*(album no)*

Full name of the supervisor:……………………………………………………………………

Scientific degree: ………………………………………………………………………………

**SUPERVISOR'S OPINION ON THE DOCTORAL DISSERTATION**

Full name of the doctoral student: ………….…………………………………………………...

Title of the doctoral dissertation: ……..………………………………………………………...

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Scientific discipline: ……………………………………………………………………………

Supervisor’s opinion: …………………………………………………………………………………………………..

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*( supervisor’s signature and stamp)*