



Academia Copernicana Interdisciplinary Doctoral School
1 Bojarskiego Street, 87-100 Torun, Poland, phone no. +48 56 611 26 79, e-mail: academia.copernicana@umk.pl

Toruń,

(date)

.....
[Academic title / academic degree, name of the supervisor candidate]

DECLARATION

I hereby declare that the implementation of the project

.....

.....

is planned for four (4) years.

I declare that I have the funding to conduct research to meet the objectives included in the project.

.....

(signature)