…………………………………….
date

**ACADEMIA COPERNICANA FUNDING APPLICATION**

**Full name of a doctoral student** …………………………………………………………………………………………………………

**Year of study**……….………………………..………………………………………………………………………………………………

**E-mail** ………………...………………………………………………………………………………………………………………………

**Name of supervisor(s)**……………..………………………………………………………………………………………………………

**Scientific discipline**………………………………………………………………………………………………………………………...

**Requested amount1 ( breakdown of costs)** ……………………………………………………………………………………………………………………..

**Purpose and justification2** **including the influence of a given activity/purchase (e.g. conference participation, publication, etc.) on the development of a PhD student and/or the implemented doctoral project**

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**If the requested funding does not cover the full cost of the activity, please indicate the source which will complement the remaining amount**

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**Supervisor’s opinion and signature**…………………………………………………………………………………………………..
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…………………….……….. …………………….…………..

doctoral student’s signature supervisor’s signature

**Attachments:**

1. ………………………………………………………………………………………………………………………………………………

2. ………………………………………………………………………………………………………………………………………………