NICOLAUS COPERNICUS UNIVERSITY IN TORUŃ
Doctoral Schools

RESEARCH UNIVERSITY
EXCELLENCE INITIATIVE

.....
place and date

.....

PhD student's full name

.....

student's ID number

.....

year of study

HOLIDAY REQUEST FORM

I request permission for holiday leave between ..... (DD-MM-YYYY) ..... and ..... (DD-MM-YYYY) ....., i.e. ..... (number of) ..... working days.

.....
PhD student's signature

I give my consent. / I do not give my consent.*

.....
supervisor's signature

I give my consent. / I do not give my consent.*

.....
signature of the Head of Doctoral School

Prof. dr hab. Iwona Łakomska