**Application form**

**for permission for the “Academia Copernicana” PhD students to travel to conferences / internship / workshop/ research visit**

**Part I. General information**

|  |  |
| --- | --- |
| **Name** |  |
| **Surname** |  |
| **Album number** |  |
| **Phone number** |  |
| **Scientific disciplines (main and additional)** |  |
| **Year of study** |  |
| **The subject of the doctoral dissertation** |  |
| **Supervisor** |  |
| **Supervisor** |  |
| **Assistant supervisor** |  |

I kindly ask you for permission for my trip to the conference / internship workshop/ research visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[[1]](#footnote-1). Expected cost of the mobility : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLN.

Source of funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Date of departure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of return:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

**Part II. Information about conference/internship workshop/ research visit**

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| Information on the conference/ internship workshop/ research visit (date and place, name of university, title of the conference). |
| Title of the speech on conference. |
| Description of the speech (abstract, the authors of the presentation). |
| Justification for the purposefulness of participating in a conference /internship workshop/ research visit. Self-assessment of knowledge and competences before a conference / internship workshop/ research visit. |
| Calculation of participation costs:   * fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * mode of transport and return trip cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * place and cost of accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Opinion of the scientific supervisor.  I declare that in terms of content the internship is justified and thematically related to the dissertation in progress.  ……………………………………………………………………………  (Date and supervisor’s signature) |
|  |

I certify that the above information is complete and in accordance with the facts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date and signature of the ISD AC PhD student

Opinion of the Director of Academia Copernicana Interdisciplinary Doctoral School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III. Report on participation in the conference / internship**

(to be completed after returning from the conference / internship)

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| --- | --- | --- |
| **Name** |  | |
| **Surname** |  | |
| **Album number** |  | |
| **Phone number** |  | |
| **Scientific disciplines (main and additional)** |  | |
| **Year of study** |  | |
| **The subject of the doctoral dissertation** |  | |
| **Supervisor** | |  |
| **Supervisor** | |  |
| **Assistant supervisor** | |  |

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| --- |
| Information on the conference/ internship (title, place, dates). |
| Report on participation in the conference / internship |
| Effects of participation in the conference /internship. Self-assessment of knowledge and competences after conference / internship. |
| Opinion of the supervisor.  …………………………………………………….  Date and supervisor’s signature |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date and signature of the ISD AC PhD student

Opinion of the Director of Academia Copernicana Interdisciplinary Doctoral School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Place, name of the institution, title of the conference. [↑](#footnote-ref-1)