……………………………………………..
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. Katarzyna Hrynkiewicz