

Academia Copernicana Interdisciplinary Doctoral School
1 Lwowska Street, 87-100 Toruń, Poland

.....
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 Hryniewicz

*delete as appropriate