Appendix 9

**Request to initiate proceedings for conferring the degree
of Doktor Habilitowany made on ……………**

Field ………………………………………………………………………………….................

Discipline ……………………..…………………………………………………………..…….

Name and surname …………………………………………………..……………..….….……

Doktor degree ..…………………………………………………………………………….….

Scientific achievement …...………………………………………………………………..……

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Indication of the unit competent to conduct the proceedings for conferring the degree of doktor habilitowany:

Awarding body ………………………..…………………………..………………………..

UL Committee for academic degrees in the discipline of .....................................................

………………………………………………………………………………………………

I request that the habilitation committee vote by secret ballot\*.

***1. I request to conduct the habilitation defence in the following language***\*\*

…………………………………………………………………………………………

*I declare that I have read the information clause (GDPR) regarding the processing of personal data in the Council for Scientific Excellence - in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (GDPR) - available at www.rdn.gov.pl*

 .....….……………………………………

*(date and signature of the candidate for
Doktor Habilitowany degree)*

Appendices:

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………………………………………………

………………………………………………

………………………………………………

\* Delete as appropriate

***\*\* To be filled in if the examination is to be conducted in a language other than Polish***