

Lodz, date	
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Head of Doctoral School Medical University in Lodz

## **REQUEST TO SUSPEND EDUCATION**

A. DOCTORAL STUDENT PERSONAL DATA			
NAME AND SURNAME			
PESEL / ID CARD			
STUDENT NUMBER			
STARTED EDUCATION AT DOCTORAL SCHOOL IN (YEAR):			
B. DOCTORAL DISSERTATION			
DOCTORAL DISSERTATION TOPIC			
SCIENTIFIC DISCIPLINE	PHARMACEUTICAL SCIENCES / MEDICAL SCIENCES / HEALTH SCIENCES <sup>®</sup>		
DATE OF DOCTORAL DISSERTATION SUBMISSION ACCORDING TO INDIVIDUAL RESEARCH PLAN			
NAME AND SURNAME OF SUPERVISOR(S)/ DEGREE/SCIENTIFIC TITLE			
NAME AND SURNAME OF ASSISTANT SUPERVISOR/ DEGREE/SCIENTIFIC TITLE			
ORGANISATIONAL UNIT OF MEDICAL UNIVERSITY OF LODZ (CLINIC/DEPARTMENT/ CLINICAL WARD)			

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<sup>\*</sup> check all that apply



C. DOCTORAL STUDENT'S STATEMENT	
In connection with birth of the child/children(date),	(name/surname) on
I declare that I intend to use:  □ maternity leave, □ parental leave in accordance with separate regulations.	
D. OPINION OF SUPERVISOR(S)	
□ I suspend education for a period corresponding to the on the terms of maternity leave, paternity leave and pare 26 June 1974 - Labor Code.** □ I suspend education from	ental leave, as defined in the Act of***
□ 81.5% maternity leave paid together with parental leave	ve
D. OPINION OF SUPERVISOR(S)	
	(legible doctoral student's signature)
	(Supervisor's signature and stamp)
 (Assista	ant supervisor's signature and stamp)



Decision made by Head of Doctoral S	School:
	(date, signature and stamp of Head of Doctoral School)

<sup>\*\*</sup> The doctoral student is obliged to attach to the application documents confirming the inability to study due to ongoing maternity leave, leave on the terms of maternity leave, paternity leave and parental leave, as defined in the Act of 26 June 1974 - Labor Code

<sup>\*\*\*</sup> Suspension of education for a period corresponding to the duration of maternity leave, leave under the conditions of maternity leave, paternity leave and parental leave, as defined in the Act of 26 June 1974 - Labor Code.