*Appendix 2 to the Announcement of the Rector of Lodz University of Technology*

*on the procedure for payment of a doctoral scholarship and registration for social and health insurance of doctoral candidates who undergo doctoral training*

*at the Interdisciplinary Doctoral School of the Lodz University of Technology of 17 August 2020*

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*Date of application acceptance and signature of the person who accepted the application*

**APPLICATION FOR A DOCTORAL SCHOLARSHIP IN THE INCREASED AMOUNT**

**PLEASE READ CAREFULLY AND COMPLETE THIS DECLARATION USING BLOCK CAPITALS**

|  |
| --- |
| **PERSONAL DATA**  |
| Name (names) |  |
| Surname |  | Surname at birth |  |
| Discipline |  | Year of doctoral training |  |
| Doctoral candidate’s registration number |  |
| Contact phone number |  | E-mail (in TUL domain) |  |
| **CORRESPONDENCE ADDRESS**  |
| Country |  | Voivodship  |  |
| Municipality |  | District |  |
| Postal code |  | Place |  |
| Street |  | House no.  |  | Apartment no. |  |

 I kindly request that an increased amount of a doctoral scholarship be awarded to me in the academic year 20…/20….

**Justification:**

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………………………..…………………………………

*date and legible signature of a doctoral candidate*

**Being aware of liability for providing any false data, I hereby declare the following\*\*:**

1. I am/am not\* a doctoral candidate at another doctoral school.
2. I am/I am not applying\* for admission to another doctoral school.
3. I have/do not have\* a PhD degree.
4. I am/I am not\* employed as a researcher or academic teacher at Lodz University of Technology in the unit:

.................................................................................................................................................................................................................................................................................................................................................................................................................................................................... *name of the unit*

or at another university and unit:

.................................................................................................................................................................................................................................................................................................................................................................................................................................................................... *name of university and unit*

on a ………………………………………………………. basis (full-time/part-time).

1. I am not a candidate for a professional soldier, a professional soldier who undertook studies on the basis of a referral by a competent military authority and obtained assistance in connection with studies on the basis of the provisions on military service of professional soldiers, or a student who is an officer of state services in the candidate service or who is an officer of services state, who undertook studies based on a referral or consent of the competent superior and obtained assistance in connection with studies on the basis of regulations on military service.
2. I am aware of the fact that I am entitled to the scholarship in the increased amount at the doctoral school, but the maximum period in which it is payable is 4 years.

 ……………………..……………………………………

*date and legible signature of a doctoral candidate*

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

\*\* *Pursuant to Article 322, section 1 of the Act, a doctoral candidate shall be subject to a disciplinary liability for a breach of the provisions in force in the entity running the doctoral school and any act that violates the dignity of a doctoral candidate. The disciplinary liability of doctoral candidates shall be governed by the provisions of Article 307, section 2, Articles 308 to 320 and the provisions adopted pursuant to Article 321 of the Act. Doctoral candidates may not be penalized for the same act both by the doctoral candidates disciplinary panel and the disciplinary committee.*

\* *delete as appropriate*

**Confirmation of the degree of disability[[1]](#footnote-1)\*\*\***

It is hereby confirmed that the doctoral candidate ……………………………………………………….. has a properly issued certificate on the degree of disability with the period of validity from ………….. to ……………. and that he/she has submitted to the Office for Persons with Disabilities of Lodz University of Technology on ……………………… the necessary documents confirming the existence of the aforementioned facts, therefore the doctoral candidate is entitled to an increased amount of the doctoral scholarship, pursuant to Article 209, section 7 of the Act of 20 July 2018 – The Law on Higher Education and Science, from the month of ………………………… of the academic year …………………….. .

 …………………….……………………………………

*date, stamp and legible signature of an employee*

*of the Office for Persons with Disabilities of TUL*

1. \*\*\**All documents confirming the disability of TUL doctoral candidates are stored in the Office for Persons with Disabilities of TUL.* [↑](#footnote-ref-1)