*Appendix No. 3 to the Announcement of the Rector of Lodz University of Technology*

*on the procedure for the payment of doctoral scholarship and reporting   
to social insurance and health insurance doctoral candidates studying*

*at the Interdisciplinary Doctoral School of Lodz University of Technology of August, 30, 2023.*

**DECLARATION OF RECEIVING A DOCTORAL SCHOLARSHIP FROM ANOTHER DOCTORAL SCHOOL**

**PLEASE READ CAREFULLY AND FILL OUT THIS DECLARATION IN CAPITAL LETTERS**

|  |  |  |
| --- | --- | --- |
| **PERSONAL DATA** | | |
| Name (names) |  | |
| Last name |  | |
| Discipline |  | |
| PESEL | |  |
| Passport number foreigners | |  |

I declare that in accordance with Art. 209 (2) and (3) of the Act of July 20, 2018, Law on Higher Education and Science (i.e. Journal of Laws of 2023, item 742 as amended)

1. I did not study at another doctoral school and did not receive a doctoral scholarship

2. I studied at another doctoral school and received a doctoral scholarship[[1]](#footnote-1)\*

………………………………………………………………………………..…………………

*Name of the doctoral school*

…………………………………………..…………………

*The period of receiving the scholarship in months*

………………………………………

*date and legible signature of the doctoral candidate*

1. *\* delete as appropriate* [↑](#footnote-ref-1)