

Lublin, on

Name

Position

Employment (full / part time)

Department / affiliation

ORCID id.....

DECLARATION

of authorizing the University to classify my person as an active researcher (N number)

I, in compliance with Art. 265 p. 5 of the Law on higher education and science, hereby grant the Medical University of Lublin the authorization to classify my person as an active researcher in the following discipline/disciplines*:

1)

2)

I hereby declare that I have not granted such authorization to another entity.

This authorization is indefinite. In the event of any changes, I agree to immediately notice the Medical University of Lublin.

.....

(date and legible signature)

*) Scientific fields and disciplines in this statement cannot be different than those listed in the "Statement on the represented field and scientific disciplines".