



**SZKOŁA
DOKTORSKA
NAUK SPOŁECZNYCH**
Uniwersytet Łódzki

Lodz, date

.....
Name and surname of the doctoral student

.....
Discipline/student's number

.....
Telephone

.....
Name and surname of the doctoral supervisor/title of the doctoral thesis

**Director of the University of Lodz Doctoral School of Social
Sciences**

dr hab. Ilona Świątek-Barylska, prof. UL

APPLICATION FOR CO-FUNDING

I am asking for co-funding from the University of Lodz Doctoral School of Social Sciences: participation in the conference/publication/purchase/other*

I am applying for co-funding in the amount of

1. Conference

.....
Conference title, place and date

.....
Title of the speech

.....
Date of departure and return

2. Publication

.....
Title of the publication/name of the journal or press/number of points/purpose of the funding, e.g. publication fee, proofreading

3. Purchase/other activity

.....
Type of purchase/description of other activity



.....
Cost estimate

Position	Amount requested
Conference (please indicate the cost of the activity that will be co-financed, e.g. conference fee, accommodation, travel):	
Publication (please indicate actions that will be financed):	
Purchase	
Other activity	

- I declare that I will not receive double financing for the indicated items.
 I declare that the obtained funding will be spent and settled in the current calendar year.

.....
date and signature of the doctoral student

Doctoral supervisor's opinion (stating if the activity is related to the preparation of the thesis):

.....
.....
.....

.....
date and signature of the doctoral supervisor

Decision of the director of the University of Lodz Doctoral School of Social Sciences:

I accept/do not accept

.....
date and signature of the director