.................................., dated: ............ 20....

(Location)

**Scientific Supervisor:**

|  |
| --- |
| …...……………………….…………………………….. |
| (academic title, name and surname) |
| …...……………………….…………………………….. |
| (Institute) |

**Scientific Supervisor’s Consent**

|  |  |  |
| --- | --- | --- |
| I declare that if a Student Research Grant, under the Faculty Plan for Individualisation of Education, is awarded to the project: ……………………………………………………………………………………………………………………… | | |
| ……………………………………………………………………………………………………………………………………………………………. | | |
| (project title) | | |
| carried out by: | ………………………………………….…………………………………….………………………………………, | |
|  | | (name and surname of the Applicant) |
| I will act as the Scientific Supervisor for the above-mentioned project. | | |

……………………………………….

(signature of the Scientific Supervisor)

……………………………………….

(signature and stamp of the Head of the Institute  
in which the project is carried out)