.................................., 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)