Łódź, Kliknij lub naciśnij, aby wprowadzić datę.

*City, date*

**Name of doctoral student**

Name of Doctoral School / year of education

Organizational Unit: Clinic/Department

e-mail: name@stud.umed.lodz.pl

**Tomasz Boczek, PhD, DSc**Head of the International Doctoral School of Medical University of Lodz

**Application for funding to participate in a national conference**

I would like to kindly ask for co-financing of the costs related to my active/passive participation\* in the scientific conference entitled: **"Full name of the conference"**, which will be held on **the conference date and at the conference location**.

I am sending it in the attachment

* invoice/PROFORMA invoice\* for the conference fee
* invoice/PROFORMA invoice\* for the accommodation fee
* Scan of the annual report for 2024/2025 signed by the supervisor/supervisors
* Scan of the application for extension of the deadline for submitting the doctoral dissertation\*\*

Total amount of funding requested: \_\_\_\_\_\_\_\_\_\_\_\_ zł

I will be grateful for a positive consideration of my application.

**Statements:**

I declare that I am aware of the obligation to maintain the status of a doctoral student until the delegation related to my participation in the conference is fully settled.

I declare that in the event of active participation in the conference (e.g. presentation, paper, poster), I undertake to place the applicable project logos on all conference materials.

I declare that in the event of loss of the status of a doctoral student before the settlement of the delegation (including: submission of the doctoral dissertation, deletion, resignation), as well as in the event of withdrawal from participation in the conference, I will be obliged to return the funds.

|  |  |  |
| --- | --- | --- |
|  |  | Kind regards, |
| …………………………………………….… |  | …………………………………………….… |
| *Supervisor’s signature* |  | *Doctoral student’s signature* |