

Annex No. 8
to the Rules and Regulations on the procedure of conferment
of the doctoral degree at the Medical University of Lodz

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*(full name of the Supervisor)*

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*(full name of the Supervisor)*

*……………………………………………………………………………*

*(full name of the Supervisor/Assistant Supervisor)*

**OPINION ON THE DOCTORAL DISSERTATION**

entitled: ……………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………….………………………………………………………………………………………….…………

Subject matter of the dissertation – originality:

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Methodology and the extent of fulfilling the objectives:

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Obtained results:

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Qualification for a scientific discipline:

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*(signature of the Supervisor)*

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*(signature of the Supervisor)*

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*(signature of the Supervisor / Assistant Supervisor)*