Appendix No. 5

To Resolution No. 18/2025 of the Senate of Lodz University of Technology dated February 26, 2025.

on the rules of admission to the Interdisciplinary Doctoral School of Lodz University of Technology

in the academic year 2025/2026

**Applicant’s Personal Questionnaire**

**to the Interdisciplinary Doctoral School of Lodz University of Technology**

**in the academic year 2025/2026**

Name and surname of the applicant

*(name of applicant with professional title)*

Discipline path:

*(full name of the discipline)*

Selected supervisor from/outside of TUL\* ) :

*(title/degree, name of supervisor)*

The full name of the university or unit of TUL where the dissertation will be carried out:

Application for remote interview: yes/no ∗)

Request for booking accommodation in a student hall of residence: yes/no ∗)

Room standard: small/medium/double/nd∗)

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

*legible signature of the applicant*

Appendix No. 6

To Resolution No. 18/2025 of the Senate of Lodz University of Technology dated February 26, 2025.

on the rules of admission to the Interdisciplinary Doctoral School of Lodz University of Technology

in the academic year 2025/2026

**STATEMENT**

I, the undersigned

*(name of applicant with professional title)*

declare that:

1. I am/am not \*) a doctoral candidate at another doctoral school.

2. I am applying/not applying ∗) for admission to another doctoral school.

3. I hold/do not hold ∗) a doctoral degree.

4. I have familiarized myself with the rules of admission to IDS TUL and the rules and regulations of IDS TUL.

5. I speak English to a degree that enables me to pursue education at IDS TUL.

6. I consent to the video and audio recording of the interview. ∗∗)

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

*legible signature of the applicant*

I am aware of the criminal liability under Article 233 of the Act of June 6, 1997. - Criminal Code (i.e. Journal Laws of 2024, item 17, as amended) about submitting false testimony, I state that the above data is true.

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

*legible signature of the applicant*

*\*Delete as appropriate.*

*\*\* Pursuant to § 2 (9) of the Resolution No. 18/2025 of the Senate of Lodz University of Technology of 26 February 2025 on the rules of admission to the Interdisciplinary Doctoral School of Lodz University of Technology in the academic year 2025/2026, expressing consent to video and audio recording of the interview is a formal condition necessary to take part in the admission process to IDS TUL.*

Appendix No. 7

To Resolution No. 18/2024 of the Senate of Lodz University of Technology dated February 26, 2025.

on the rules of admission to the Interdisciplinary Doctoral School of Lodz University of Technology

in the academic year 2025/2026

**TRANSCRIPT OF RECORDS\*)
*to be filled and signed by University***

|  |
| --- |
| Name: .................................................................................................................................................................................Family name: ......................................................................................................................................................................Date and place of birth: .....................................................................................................................................................Matriculation number (diploma no): .................................................................................................................................Passport number: ................................................................................................................................................................Home University: ...............................................................................................................................................................Faculty/Department of .......................................................................................................................................................Address: .............................................................................................................................................................................Tel.: ............................................................................. Fax: ................................................................................E-mail: ............................................................................................................................................................................... |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of the course unit | Duration ofcourse unit (1) | Localgrade (2) | ECTSgrade (3) | ECTScredits (4) |
| I SEMESTER*(list all subjects)**Subject 1…..**Subject 2…..**………*V SEMESTER (now in progress)*Subject 1…..**Subject 2…..*to be continued on a separate sheet | 1S1S |  |  |  |
| Total: |  |  |

(1) (2) (3) (4) see explanation on back page

Diploma/degree awarded: ..................................................................................................................................

**Date Signature of registrar/dean Stamp of institution:**

NB : This document is not valid without the signature of the registrar/dean/administration officer and the official stamp of the institution.

*Annex to Transcript of Records*

*Explanatory notes*

(1) **Duration of course unit:**

 Y = 1 full academic year

 1S = 1 semester

2S = 2 semesters

(2&3) **Description of the institutional grading system:**

 **Polish scale ECTS grades**

5.0 five (pięć) A (excellent)

4.5 four and a half (cztery i pół) B (very good)

4 four (cztery) C (good)

3.5 three and a half (trzy i pół) D (satisfactory)

3 three (trzy) E (sufficient)

2 two (dwa) FX/F (fail)

(4) **ECTS credits:**

 1 full academic year = 60 credits

 1 semester = 30 credits

 1 term/trimester = 20 credits

[[1]](#footnote-2)\*)

Appendix No. 8

To Resolution No. 18/2025 of the Senate of Lodz University of Technology dated February 26, 2025.

on the rules of admission to the Interdisciplinary Doctoral School of Lodz University of Technology

in the academic year 2025/2026

Rector of Lodz University of Technology

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

*(first name and last name)*

**Application for the appointment of a supervisor from outside TUL**

Name and surname

E-mail:

Discipline path:

*(full name of the discipline)*

**I am requesting permission to select a supervisor from outside of TUL, i.e.**

*(title/degree, name)*

**employed at:**

*(name of university/unit, address)*

Justification:

......................................................................*signature of the applicant*

I agree/do not agree[[2]](#footnote-3)\*)

……………………………………...

(Signature of the Rector of TUL)

Appendix No. 9

To Resolution No. 18/2025 of the Senate of Lodz University of Technology dated February 26, 2025.

on the rules of admission to the Interdisciplinary Doctoral School of Lodz University of Technology

in the academic year 2025/2026

**LIST OF SCIENTIFIC and/or ARTISTIC ACHIEVEMENTS
TO DATE**

I, the undersigned

*(applicant's name and surname along with professional title)*

I declare that I have the following scientific and/or artistic achievements:

|  |
| --- |
| **1. BOOKS AND SCIENTIFIC PUBLICATIONS** |
| No. | AUTHORS | PUBLICATION TITLE | PUBLISHER NAME/JOURNAL TITLE/CHAPTER/PAGE RANGE | PUBLICATION DATE | DOI ADDRESS | MEiN, IF POINTS (IF APPLICABLE) |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

|  |
| --- |
| **2. PATENTS AND PROTECTIVE RIGHTS** |
| No. | PATENT/APPLICATION/UTILITY MODEL/STRUCTURAL DEPOSIT(select appropriate) | PATENT TITLE / APPLICATION / UTILITY MODEL/STRUCTURAL DEPOSIT | PATENT NUMBER / APPLICATION / UTILITY MODEL/STRUCTURAL DEPOSIT | DATE OF APPLICATION OR OBTAINING RIGHT. | NATIONAL/INTERNATIONAL |
| 1 |  |  |  |  |  |

|  |
| --- |
| **3. GRANT RECEIVED** |
| No. | NAME OF THE FINANCING INSTITUTION | GRANT OR PROJECT TITLE | DURATION*DD/MM/YY – DD/MM/YY* | TYPE OF PARTICIPATION MANAGER / CONTRACTOR |
| 1 |  |  |  |  |

|  |
| --- |
| **4. GRANT RECEIVED** |
| No. | NAME OF THE FUNDING UNIVERSITY | GRANT OR PROJECT TITLE | DURATION*DD/MM/YY – DD/MM/YY* | TYPE OF PARTICIPATION MANAGER / CONTRACTOR |
| 1 |  |  |  |  |

|  |
| --- |
| **5. PARTICIPATION IN CONFERENCES/SYMPOSIAS/SEMINARS** |
| No. | NAME OF THE CONFERENCE/SYMPOSIUM/SEMINAR | ORGANIZER   | PLACE | COVERAGE NATIONAL/INTERNATIONAL | DATE | TYPE OF PARTICIPATION (POSTER/SPEECH) | TITLE OF THE SPEECH |
| 1 |  |  |  |  |  |  |  |

|  |
| --- |
| **6. COMPETITION AWARD** |
| No. | NAME OF THE FINANCING INSTITUTION | NAME OF THE COMPETITION | COMPETITION SCOPE national/international | COMPETITION TYPEindividual/team |
| 1 |  |  |  |  |

Aware of criminal liability under Article 233 of the Act of 6 June 1997 – the Penal Code (i.e. Journal of Laws of 2024, item 17, as amended) on submitting false statements, I declare that the above data is true.

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

*legible signature of the candidate*

1. \*) This attachment is required only in the case specified in § 5(1)(5) of Resolution No. 18/2025 of the Senate of Lodz University of Technology, dated February 26, 2025, on the rules of admission to the Interdisciplinary Doctoral School of Lodz University of Technology in the academic year 2025/2026, i.e., when the university does not issue a diploma supplement or the supplement does not contain the necessary data on the course of study. [↑](#footnote-ref-2)
2. \*) delete as appropriate [↑](#footnote-ref-3)