|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | Załącznik Nr 5 część bdo Zasad |
|  (pieczątka wydziału) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Imię i nazwisko doktoranta** |  | **Adres do korespondencji** |  |
| **Nr telefonu stacjonarnego** |   | **Nr telefonu komórkowego** |  |
| **Nr albumu** |   | **Nazwa studiów doktoranckich\*** |  |
| **Imię i nazwisko opiekuna naukowego (promotora)** |  | **Imię i nazwisko promotora pomocniczego** |  |
|  |  |  |  |  |  |  |  |
| **Karta przebiegu studiów doktoranckich (część II)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  | **Rok akad. …..../…....** |
|  |  |  |  |  |  |  |  |
| **Praktyki zawodowe** |
|  |  |  |  |  |  |  |  |
| **Nazwa przedmiotu** | **Forma praktyk zawodowych: - prowadzenie zajęć dydaktycznych/ uczestnictwo w prowadzeniu zajęć\*\*** | **Semestr zimowy/letni\*\*** | **Ilość godzin** | **Data** | **Czytelny podpis osoby sprawującej nadzór dydaktyczny** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |
| **Ocena odbytych praktyk zawodowych\*\*\*** |
|  |  |  |  |  |  |  |  |
|   |
|  |
|  |  |  | **Data i czytelny podpis osoby odpowiedzialnej za ocenę** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Sprawozdanie z przebiegu pracy naukowej** |
|  |  |  |  |  |  |  |  |
|   |
|  |  |  |  |  |  |  |  |
|  |  |  | **Data i czytelny podpis doktoranta** |   |
|  |  |  |  |  |  |  |  |
| **Opinia opiekuna naukowego/promotora bądź promotora pomocniczego** |
|  |  |  |  |  |  |  |  |
|   |
|  |  |  |  |  |  |  |  |
|  |  |  | **Data i czytelny podpis opiekuna naukowego (promotora)** |  |
|  |  |  |  |  |  |  |  |
| **I.** **Dorobek naukowy** |
|  |  |  |  |  |  |  |  |
| **a) publikacje (podać pełną listę autorów, tytuł pracy, nazwę czasopisma, numery stron, rok)** |
|  |  |  |  |  |  |  |  |
|   |
|  |  |  |  |  |  |  |  |
| **b) prace przyjęte do druku (tytuł pracy, nazwa czasopisma)** |
|  |  |  |  |  |  |  |  |
|   |
|  |  |  |  |  |  |  |  |
| **c) prezentacje konferencyjne (podać rodzaj prezentacji, listę autorów, nazwę konferencji, rok i miejsce)** |
|  |  |  |  |  |  |  |  |
|   |
|  |  |  |  |  |  |  |  |
| **II. Uzyskane granty (rodzaj grantu, charakter udziału w grancie, okres realizacji, kwota)** |
|  |  |  |  |  |  |  |  |

|  |
| --- |
|   |

|  |
| --- |
| **III. Uczestnictwo w wydarzeniach naukowych (konferencjach naukowych, sympozjach, zjazdach, wykładach gościnnych lub w innych wydarzeniach o charakterze naukowym).** |

|  |
| --- |
|   |
|  |  |  |  |  |  |  |  |
| **IV. Data uchwały Rady Wydziału o wszczęciu przewodu doktorskiego** |  |
|  |  |  |  |  |  |  |  |
| **V. Stopień zaawansowania pracy doktorskiej (opis)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |
|  |  |  | **Data i czytelny podpis opiekuna naukowego (promotora)** |   |
|  |  |  |  |  |  |  |  |
| **Ogólne uwagi o zaliczeniu semestru** |
|   |   |   |   |  |   |   |   |
| **Zaliczenie roku (tak/nie)\*\*** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Skreślenie z listy uczestników studiów doktoranckich (tak/nie)\*\*** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Inne uwagi** |
|  |  |  |  |  |  |  |  |
|  |
|  |  |  |  |   |  |  |  |
|  |  |  | **Data i czytelny podpis kierownika studiów doktoranckich** |   |
|  |  |  |  |  |  |  |  |
| \* wpisać pełną nazwę studiów doktoranckich z podaniem formy studiów (stacjonarne lub niestacjonarne) |
| \*\* wpisać właściwe |  |  |  |  |  |  |  |
| \*\*\* w tym informacja o ewentualnym zwolnieniu z obowiązku odbywania praktyk zawodowych osób zatrudnionych na stanowisku nauczyciela akademickiego |

 |  |  |  |  |  |  |  |  |  |