*(Scientist’s name, surname)*

 *(Pedagogical title, scientific degree)*

*(University)*

 *(Phone number) (E-mail)*

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*(Area, branch (branches) of science)*

To the Chairperson of

 LSU, TU Doctorate Committee in Biology

# CONSENT

#  TO BE A DISSERTATION ADVISER

 XX XX 20XX

 I agree to serve as a dissertation board member for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 *( Signature ) (Name, surname)*