*(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)*