Appendix No. 1 to the Regulations on psychological support for students, PhD students and employees of Czestochowa University of Technology

Order No. 178/2021 of the Rector of Czestochowa University of Technology

**Psychological support**

**Application form**

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

(place, date)

Name and surname

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

Contact details.

The provision of contact details is voluntary. It will facilitate contact in the event of a change of the date of the next psychological consultation:

* e-mail address: ..............................................................
* phone: ..............................................................

Declarations:

1. I declare that I am:

* a student
* a PhD student
* an employee

 of Czestochowa University of Technology

2. I declare that I am familiar with the Regulations on psychological support for students, PhD students and employees of Czestochowa University of Technology.

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Legible signature