*Attachment No. 4*

*to the Regulations of the diploma process*

*at the WSGE University of Applied Sciences in Józefów*

**STATEMENT**

I, the undersigned ....................................................................., a student of the field of **Management** conducted at the level of **bachelor / master** \* degree with a profile of **general academic / practical \*** at the WSGE University of Applied Sciences in Józefów, hereby declare that the submitted diploma thesis titled:

................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... was written by me independently. This means that in writing the thesis, apart from necessary consultations, I did not use the assistance of other individuals, particularly I did not commission the development of this dissertation or its parts to other individuals, nor did I copy this dissertation or its parts from other individuals.

At the same time, I acknowledge that if the above statement proves to be untrue, the decision to issue my diploma will be revoked.

Józefów, date ………………………….….. r. …….........………………...

 (month in words) ( legible student signature)

*Attachment No. 5*

*to the Regulations of the diploma process*

*at the WSGE University of Applied Sciences in Józefów*

…………………………………………………………………….………..……………….

*name and surname of the student*

*………………………………………………………………………………….…………….*

*field, level and profile of studies*

*………………………………………………………………………………….…………….*

*index number*

**DECLARATION**

I hereby declare that I grant the Academy of Applied Sciences WSGE named after A. De Gasperi in Józefów the right to introduce, process, and store in the Unified Anti-Plagiarism System my authored diploma thesis titled:

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

I also declare that the aforementioned diploma thesis:

1. does not violate copyright laws within the meaning of the Act of February 4, 1994, on Copyright and Related Rights (consolidated text: Journal of Laws of 2022, item 2509) and personal rights protected by civil law,
2. does not contain data and information obtained unlawfully,
3. was not the basis for conferring a professional title to either myself or any other person.

I further declare that the content of the diploma thesis, stored on the electronic media simultaneously provided by me, corresponds to the content contained in the printed version of the thesis submitted in the diploma procedure.

At the same time, I consent to the processing of personal data (in accordance with the Act of May 10, 2018, on the Protection of Personal Data, Journal of Laws of 2019, item 1781) necessary for the introduction, processing, and storage of the diploma thesis in the Unified Anti-Plagiarism System by the WSGE University of Applied Sciences in Józefów, which is also the Personal Data Administrator.

In case of doubts regarding the processing of my data, I have the right to contact the Information Security Inspector at AWSGE, Wojciech Sitek (email: w.sitek@wsge.edu.pl).

I declare that:

* I am aware that the data provided by me (i.e., name, student ID number, field of study, level of study, thesis topic, supervisor, diploma thesis) will be included and stored in the Unified Anti-Plagiarism System (UAPS) in accordance with the Rector's Order No. 7/2024 of AWSGE dated February 8, 2024 (AWSGE Security Policy);
* I have familiarized myself with the right to request access to data, rectification, erasure, and restriction of data processing, as well as the possibility to object to processing and the right to data portability and withdrawal of this consent at any time;
* I am aware that I have the right to lodge a complaint with the President of the Personal Data Protection Office. Personal data without my consent will not be subject to profiling or shared with third parties, third countries, or international organizations.

Józefów, date. …………………… …….….. r. ……………….........………………...

 *(month in words) (legible student signature)*

 I confirm the authenticity of the signature

……………………………………….…………………………..

*(date, legible signature of the Education Service Office employee and the AWSGE stamp)*

*Attachment No. 6*

*to the Regulations of the diploma process*

*at the WSGE University of Applied Sciences in Józefów*

…………………………………………………………………….………..……………….

*name and surname of the student*

*………………………………………………………………………………….…………….*

*field, level and profile of studies*

**DECLARATION**

I agree / I do not agree \* to share my diploma thesis entitled:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Józefów, date …………………… ……………….........………………...

 (legible student signature)

I confirm the authenticity of the signature

……………………………………….…………………………..

*(date, legible signature of the Education Service Office employee and the AWSGE stamp)*

**\* delete as appropriate**

*Attachment No. 7*

*to the Regulations of the diploma process*

*at the WSGE University of Applied Sciences in Józefów*

…………………………………………………………………….………..……………….

*name and surname of the student*

*………………………………………………………………………………….…………….*

*field, level and profile of studies*

*………………………………………………………………………………….…………….*

*index number*

**DECLARATION**

I consent to the processing of personal data (in accordance with the Act of May 10, 2018, on the Protection of Personal Data, Journal of Laws of 2019, item 1781) necessary for the storage and handling of diploma theses defended at the WSGE University of Applied Sciences in Józefów, which is also the Personal Data Administrator.

In case of doubts regarding the processing of my data, I have the right to contact the Information Security Inspector at AWSGE, Wojciech Sitek (email: w.sitek@wsge.edu.pl).

I declare that:

* I am aware that the data provided by me (i.e., name, student ID number, field of study, level of study, study profile, thesis topic, supervisor, reviewer, diploma thesis) will be included in the Repository of diploma theses and stored in the archive as well as in the list of defended diploma theses at the AWSGE Library in accordance with Rector's Order No. 7/2024 of AWSGE dated February 8, 2024 (AWSGE Security Policy);
* I have familiarized myself with the right to request access to data, rectification, erasure, and restriction of data processing, as well as the possibility to object to processing and the right to data portability and withdrawal of this consent at any time;
* I am aware that I have the right to lodge a complaint with the President of the Personal Data Protection Office. Personal data without my consent will not be subject to profiling or shared with third parties, third countries, or international organizations.

Józefów, date …………………… ……………….........………………...

(month in words)  *(legible student signature)*

I confirm the authenticity of the signature

……………………………………….…………………………..

*(date, legible signature of the Education service office employee and the AWSGE stamp)*



*Attachment No. 8*

*to the Regulations of the diploma process*

*at the WSGE University of Applied Sciences in Józefów*

…………………………………………………………………….………..……………….

*name and surname of the student*

*………………………………………………………………………………….…………….*

*field, level and profile of studies*

*………………………………………………………………………………….…………….*

*current e-mail address*

*………………………………………………………………………………….…………….*

*current contact phone number*

**DECLARATION**

I consent / I do not consent\* to participating in the career fate research of AWSGE graduates and processing personal data (in accordance with the Act of May 10, 2018, on the Protection of Personal Data; consolidated text: Journal of Laws of 2019, item 1781) necessary for this purpose by the WSGE University of Applied Sciences in Józefów, which is also the Personal Data Administrator.

In case of doubts regarding the processing of my data, I have the right to contact the Information Security Inspector at AWSGE, Wojciech Sitek (email: wojtek@wsge.edu.pl).

I declare that:

* I am aware that the data provided by me (i.e., name, student ID number, field of study, level of study, study profile, student ID number, phone number) will be stored indefinitely until I withdraw my consent, in accordance with Rector's Order No. 7/2024 of AWSGE dated February 8, 2024 (AWSGE Security Policy);
* I have been informed of the right to access, rectify, erase, and limit the processing of data, as well as the right to object to processing and the right to data portability and withdrawal of this consent at any time;
* I am aware that I have the right to lodge a complaint with the President of the Personal Data Protection Office. Personal data provided in surveys are fully anonymous and will not be subject to profiling. No personal data will be subjected to profiling or shared with third parties, third countries, or international organizations without my consent.

I consent / I do not consent\* to receiving marketing information by email and telephone. I can unsubscribe at any time via email or other written form.

Józefów, date . …………………… ………………………………………

 *(legible student signature)*

I confirm the authenticity of the signature

……………………………………….…………………………..

*(date, legible signature of the Education service office employee and the AWSGE stamp)*

\* delete as appropriate