**CONSENT OF THE ASSESSOR**

 **OF THE BOARD FOR THE INTERNAL QUALITY ASSURANCE SYSTEM**

**OF THE UNIVERSITY OF PRESOV**

I, the undersigned ................................................................................... declare that I agree to participate in the evaluation of the field of habilitation proceeding and inauguration proceeding .......................................................... *(specify name of the field of habilitation proceeding and inauguration proceeding)* in the field of study ...................................... *(specify name of the study field, to which the field of habilitation proceeding and inauguration proceeding is assigned)* at .................................................... *(name of the faculty)* of the University of Presov and elaboration of the *Report of the Ad Hoc Expert Committee* *on the fulfilment of the standards and criteria of the field of habilitation proceeding and inauguration proceeding* as:

[ ]  a scientific and pedagogical employee of the University of Presov.

[ ]  a scientific and pedagogical employee of another university situated in the Slovak Republic.

[ ]  a scientific and pedagogical employee of another university situated outside the Slovak Republic.

I, in collaboration with other members of the Ad Hoc Expert Committee, shall prepare the *Report of the Ad Hoc Expert Committee* *on the fulfilment of the standards and criteria of the field of habilitation proceeding and inauguration proceeding* within 30 days of the submission of documented information or its modifications.

I declare that I am not in a conflict of interest in relation to the matter and I have not participated in the process of creating and modifying the above-mentioned field of habilitation proceedingand inauguration proceeding. I also declare that I will maintain the confidentiality of all information and facts that will be provided to me by the University of Presov in any way in connection with my participation in the evaluation process of the above-mentioned field of habilitation proceedingand inauguration proceeding and I will not disclose them to third parties.

Assigned IQS code:

Place, date: ....................................................

 signature