



Place of training:
Major:
Specialization:
Programme:

Name of Student:	
Place and date of birth of Student:	
Student's Neptun code:	Identification number:
Title of the thesis:	
Name of Supervisor:	Status: Identification number:
Name of Consultant:	Status: Identification number:
Name of Internal Consultant:	Status: Identification number:

SPECIALIZATION THESIS/THESIS/DEGREE THESIS SUBMISSION FORM

By filling in present form I declare my intention to submit at the next thesis submission date with the above title a Specialization Thesis/Thesis/Degree Thesis¹. I also declare that I have not submitted successfully defended thesis in the same programme with the same title and/or content, before.

Title of my thesis in English²:

I take cognizance that the title of the thesis cannot be modified later.

According to Section X.3 of the regulation I declare conflict of interest concerning the opposition procedure, as follows:

Opponent to be excluded	Workplace	Status	Reason of conflict of interest

Date:

Please send the form to the szakdolgozat@etk.pte.hu e-mail address not later than 10 calendar days before the submission deadline to the Registrar's Office!

¹ Please underline the relevant part!

² Filling in is obligatory!