



SPECIALIZATION THESIS/THESIS/DEGREE THESIS REGISTRY FORM

Place of training: Major: Specialization: Programme:				
Name of student:				
Place and date of	birth of student:			
Neptun code of student:		Identification number:		
Title of the thesis	:			
Name of Supervis	sor:	Status: Identification number: Status: Identification number: Status: Identification number:		
Name of Consulta	ant:			er:
Name of Internal	Consultant:			
		DEFENSE REPORT		
Overall review of t	the Committee:			
EXCELLENT 5	GOOD 4	SATISFACTORY 3	PASS 2	FAIL 1
Head of Committee		Signature	•••••	identification number
Member of Committee		Signature	•••••	identification number
Member of Committee		Signature	•••••	identification number
Member of Committee		Signature	•••••	identification number