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| --- | --- |
| 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: Name of Consultant: Name of Internal Consultant:  | Status: Identification number:Status:Identification number: 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 Thesis[[1]](#footnote-1). 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 English[[2]](#footnote-2):

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** |
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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! [↑](#footnote-ref-1)
2. Filling in is obligatory! [↑](#footnote-ref-2)