

GRADUATION THESIS TOPIC REGISTRATION

University Integrated Undergraduate and Graduate Study of Medicine in English language

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| General student information and contact |
| Student name and surname | Enter student name and surname  |
| Student ID number (JMBAG) | Enter student ID number  |
| Mobile phone | Enter mobile phone number, e.g. 09x xxxxxxxxx |
| E-mail address | Enter e-mail address  |

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| TITLE OF THE PROPOSED TOPIC |
| Enter graduation thesis topic  |

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| PROPOSED MENTOR |
| 1. Mentor
 |
| Academic title, name and surname |
| Enter mentor’s academic title, name and surname |
| Department |
| Enter mentor’s department |
| 1. Co-mentor (\*teacher with the associate position of senior teaching assistant)
 |
| Academic title, name and surname |
| Enter co-mentor’s academic title, name and surname |
| Department |
| Enter co-mentor’s department |





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| PROPOSED MENTOR’S CONSENT WITH THE REGISTRATION OF THE GRADUATION THESIS TOPIC |
| I hereby consent to the registration of the graduation thesis topic.Mentor’s signatureDepartment head’s signature |
| Student’s signature  |
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| GRADUATION THESIS EVALUATION COMMITTEE |
| Academic title, name and surname |
| 1. Enter Committee president’s academic title, name and surname (President of the Committee)
2. Enter Committee member’s academic title, name and surname
3. Enter Committee member’s academic title, name and surname
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