



250 years of EXCELLENCE in  
 medical education, research &  
 innovation and healthcare

**Request for thesis submission date extension (Dentistry)\***

Name of student: .....

Neptun code: .....

Telephone number: .....

E-mail address: .....

Temporary address: .....

<b>Data of chosen thesis:</b>
<b>Title:</b> ..... .....
<b>Name of the educational-research organisational unit that announced the thesis title:</b> .....
<b>Name of the supervisor / consultant:</b> .....

**Justification of request:**

.....  
 .....  
 .....  
 .....

**Consultant's signature:** .....

**Date:** .....

**Student's signature:** .....

<b>Filled out by the Dean's Office!</b>	
<b>ACCEPTED</b>	<b>NOT ACCEPTED</b>
<b>Date</b>	<b>Signature</b>

\* Based on Directive E/21/2020. (XI.26.) of the Rector and the Chancellor of Semmelweis University on the plan of actions in response to the COVID-19 pandemic 10/A.§