Certificate of Completing the Subject 'Thesis'

The student' name:	
The consultant's name: title/position: department/workplace:	
The student in the term of the academic year 201/201 completed /did not co contact lessons prescribed by the curriculum in the form of thesis/diploma work co for him/her the signature can/cannot be given.	•
I evaluate the time- and task proportional work of the thesis in the current term wit	:h
a practice mark (in number) (in letters).	
Budapest, 201	
Signature	