



SEMMELWEIS UNIVERSITY
FACULTY OF PHARMACEUTICAL SCIENCES

Dean
DR. ISTVÁN ANTAL

REQUEST
MODIFICATION OF DIPLOMA WORK
(NEW INSTITUTION)

STUDENT DATA

Faculty: Pharmaceutical Sciences Degree: Pharmacist Education form: full-time Program: English

Name:

Neptun code:

Year:

REFERRAL DEPARTMENT DATA

Name of Department:

Name of Consultant:

Title of Thesis:

Agreement of the Referral Department

To change the Diploma Work:

I APPROVE

I DENY

Head of Department:

Date:

Stamp and signature:

HOST DEPARTMENT DATA

Name of Department:

Name of Consultant:

NEW Title of Thesis:

Agreement of the Host Department		
To change the Diploma Work:	I APPROVE	I DENY
Head of Department:	Date:	
Stamp and signature:		

Date: Budapest,

.....
Student's signature

DEAN OF PHARMACEUTICAL SCIENCES		
Above mentioned Thesis Topic modification:	APPROVED	DENIED
Dean:		
Signature:		
Date:		