



SEMMELWEIS UNIVERSITY
FACULTY OF DENTISTRY

Dean _____
DR GERBER GÁBOR D.M.D., Ph.D., med.habil

4. Attachment no. 4

Thesis Notification Form

This document must be submitted to the Dean's Office of the Faculty of Dentistry no later than 31st October of the academic year prior to the year of graduation (to be submitted by the student in person or through the form teacher who is responsible for given year students).

Name of student: Neptun code:

Address:

Name of the educational-research unit that announced the thesis title:

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Thesis title:

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Name of the thesis supervisor or consultant:

Date:in Budapest

.....

Student's signature

.....

Signature of the supervisor or consultant [stamp]

PERMITTED BY: *(If the thesis topic was initiated by the student, the permission and signature of the Head of the host institution shall also be obtained.)*

.....

Signature of the Head of Institution or clinical unit [stamp]

CERTIFICATE OF THE TEACHER RESPONSIBLE OF STUDENT STUDIES: *I certify with my signature that the topic of the above dissertation has not been developed in any of the languages taught in the last 3 years in the educational-research organizational unit.*

.....

Signature of the teacher responsible for studies [stamp]