



SEMMELWEIS UNIVERSITY
 FACULTY OF DENTISTRY

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

Attachment no. 5

**Request form for changing the selected and approved topic and/or supervisor
 (Faculty of Dentistry)**

Name of student: **Neptun code:**

Address:

Data of the thesis originally announced	Modified data (please enter new data only)
Title:	New title
Name of the educational-research organizational unit that announced the original thesis:	Name of the educational-research organizational unit that announced the new thesis:
Supervisor/Consultant:	New Supervisor/Consultant:

Reasons for the request:

Date: **Student's signature:**



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CERTIFICATION OF THE TEACHER RESPONSIBLE FOR STUDIES: Hereby I certify that the new topic indicated above has not been worked on in the past 3 years in any of the training languages in the educational-research unit.

Date:

Signature of the teacher responsible for studies [stamp]

Approval of the original supervisor/consultant to the change of the title of the thesis or of the supervisor/consultant (underline as appropriate)	Approval of the new supervisor/consultant
Date	Date
Signature [stamp]	Signature [stamp]
To be filled in by the Study and Examination Committee.	
I APPROVE	I DO NOT APPROVE
Date	Signature