



SEMMELWEIS UNIVERSITY
FACULTY OF DENTISTRY

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

Annex no. 5

Thesis Notification Form

*This document must be submitted to the Dean's Office of the Faculty of Dentistry **no later than 15 November** of the academic year prior to the year of graduation (to be submitted by the student in person or through year coordinator).*

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

CERTIFICATION of the supervisor or consultant: *I confirm and I certify with my signature that I have discussed the above thesis topic with the student and agree to act as the student's supervisor/consultant.*

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Signature of the supervisor or consultant

[stamp]