STUDENT INFOCENTRE

Approval of the coordinator

APPROVES/DOESN'T APPROVE the coordination of the graduation thesis of the student.

Dear Sir,

I, the undersigned, _____, student in the _____ year of studies, study programme _____, full-time studies/distance learning/master's studies/PhD studies, registration number _____, telephone _____, hereby request the approval for the elaboration of the graduation thesis with the title: _____

_____

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_____

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_____

under the coordination of Ms./Mr._____

Thank you!

Date

_____

Signature,

_____