**REGISTRATION FORM FOR THESIS**

**(PLEASE USE CAPITAL LETTERS)**

Student’s name: ……………………………………………………………………………………

Phone number: ……………………………………………………………………………………..

E-mail address: ……………………………………………………………………………………

Title of Thesis: ……………………………………………………………………………………..

………………………………………………………………………………………………………

**Supervisor’s**

Name: ………………………………………………………………………………………………

Status: ………………………………………………………………………………………………

E-mail address: ……………………………………………………………………………………..

Place of work: ……………………………………………………………………………………….

Status: assistant lecturer - tanársegéd, senior lecturer - adjunktus, associate professor - docens, full professor – professzor

Place of work: clinic, institute, hospital

**Proposed opponents:** (opponents cannot be from the same department)

1. Name:………………………………………………………………………………………….

 Status: ………………………………………………………………………………………… E-mail address: ………………………………………………………………………………..

 Place of work: ………………………………………………………………………………….

2. Name:………………………………………………………………………………………….

 Status: ………………………………………………………………………………………… E-mail address: ………………………………………………………………………………..

 Place of work: ………………………………………………………………………………….

**Required documents:**

2 copies of the thesis bound into booklet (signatures of the supervisor and the head of the department, stamp of the department on the first page)

-plagiarism declaration must be bound in both copies

-registration form for thesis

-report from the supervisor about your thesis

-2 copies of the abstract

**Deadline for handing in your thesis: March 2, 2020, Registrar’s Office**

**Date of thesis defense: April 20-23, 2020**

Date:……….........................

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 Student’s signature