**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: ………………………………………………………………………………….

**Deadline for handing in your thesis: February 28, 2025**

**Date of thesis defense: April, 2025**

**Required documents:** thesis

-endorsement of your supervisor and the head of the department (signatures of the supervisor and the head of the department, stamp of the department)

-report from the supervisor about your thesis

-registration form for thesis

-plagiarism declaration

-abstract

Date:……….........................

----------------------------------------------------------------------

Student’s signature