**THESIS CONSULTATION FORM**

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| Year |  |
| Name |  |
| Neptun code |  |
| Type of programme (e.g. full-time) |  |
| Programme |  |
| Specialization |  |
| Internal supervisor | Name: |  |
| Position: |  |
| External supervisor | Name: |  |
| Position: |  |
| Place of work: |  |
| Workplace address: |  |

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| Date | Topics covered | Signature |
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I have checked the thesis. It can be submitted / cannot be submitted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ external supervisor

The thesis can be / cannot be accepted for assessment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ internal supervisor

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| Assessor’s | name: |  |
| position: |  |
| Recommended mark:  |  | Signature: |  |