



THESIS REGISTRATION AND EVALUATION FORM

Student's name:

Neptun code:

Title of the thesis:

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Institution/Department:

Supervisor's name, title:.....

Date:

Supervisor's signature:

NOTIFICATION OF CHANGES

(date, Academic Officer's signature):

New title of the thesis:

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Institution/Department:

Supervisor's name, title:.....

Date:

Supervisor's signature:

CONSULTATIONS

Date of the first consultation:

Supervisor's opinion, suggestions:

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Date:

Supervisor's signature:

Date of the second consultation:

Supervisor's opinion, suggestions:

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Date:

Supervisor's signature:





H-6720 SZEGED, Tisza Lajos körút 64. Tel.: (00 36 62)545-299, Fax: (00 36 62)545-282 E-mail: stoma@stoma.szote.u-szeged.hu

Date of the third consultation:

Supervisor's opinion, suggestions:

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Date:

Supervisor's signature:

Date of the fourth consultation:

Supervisor's opinion, suggestions:

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Date:

Supervisor's signature:

Date of the fifth consultation:

Supervisor's opinion, suggestions:

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Date:

Supervisor's signature:

Date of the sixth consultation:

Supervisor's opinion, suggestions:

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Date:

Supervisor's signature:





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The supervisor's opinion on the thesis and the student's work:

Format aspects, Choice of topic, Material and methods, Processing results, Barriers, Correctness of conclusions, Literature

Dotted lines for writing the supervisor's opinion.

I consider the thesis suitable for submission (underline as appropriate).

yes no

Grade suggested by the supervisor: excellent (5), good (4), accepted (3), passed (2), failed (1)

Supervisor's signature:

Szeged, day month year