**Master Thesis Registration Form**

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| Name:  | Neptun code:  |
| Address:  |
| Phone:  | E-mail:  |
| Major:  |
| Specialization:  |
| Level:  | Type:  |
| Semester:  |
| Thesis title: |
| Tasks completed: |
| Faculty advisor | Name:  |
| Affiliation:  |
| Professional advisor | Name:  |
| Affiliation:  |
| Organization:  |
| Address:  |
| Phone:  |
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Faculty advisor Professional advisor

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Department Chair