**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: | | | |
| E-mail: | | | |

Győr, …………………..

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Faculty advisor Professional advisor

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Department Chair