University of Szeged
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FACULTY OF DENTISTRY SZEGED, HUNGARY
Dean: Associate Professor Kinga TURZÓ Ph.D.

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THESIS REGISTRATION AND EVALUATION FORM

Name: ……...
ETR code: ……
Title of the thesis: ……
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Title of the thesis in Hungarian: ……
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Name of the Department: ……
Supervisor's name, title: ……
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Change of the title (date, signature of Academic Officer): ……
New Title of thesis: ……
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New Title of thesis in Hungarian ……..
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Supervisor's signature……...

Date of first consultation: ……
Opinion, suggestion of the Supervisor: ……
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Supervisor's signature……...
Date of second consultation: ……
Opinion, suggestion of the Supervisor: ……..
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Supervisor's signature……...
Date of third consultation: ……
Opinion, suggestion of the Supervisor: ……
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Supervisor's signature……..

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Date of fourth consultation: ……
Opinion, suggestion of the Supervisor: ……
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Supervisor's signature……
Date of fifth consultation: ……
Opinion, suggestion of the Supervisor: ……
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Supervisor's signature……
Date of sixth consultation: ……
Opinion, suggestion of the Supervisor: ……
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Supervisor's signature……

The Supervisor's opinion about the thesis and the work of the student:
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Mark given by the Supervisor: very good (5) good (4) accepted (3) passed (2) failed (1)

Supervisor's signature: ……

Date: