



**REGISTERING FOR GRADUATION AND FINAL EXAMINATION
MASTER'S DEGREE IN PHYSIC OF DATA**

SURNAME AND NAME _____

ENROLEMENT NUMBER _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

ENROLEMENT DATE _____

E MAIL: _____

MOBILE NUMBER _____

THESIS TITLE

- THESIS RELATED TO THE INTERNSHIP ACTIVITY
- THESIS NOT RELATED TO THE INTERNSHIP ACTIVITY

INTERNAL SUPERVISOR _____

CO-SUPERVISOR _____

E MAIL CO-SUPERVISOR _____

THESIS ABSTRACT

GRADUATION DATE _____

DATE

SIGNATURE OF THE STUDENT

SIGNATURE OF THE SUPERVISOR
