APPLICATION FOR GRADUATION EXAM
MASTER DEGREE IN COMPUTER SCIENCE AND NETWORKING

DATE OF GRADUATION EXAM _____

Name: _____ Surname: _____

Registration number: _____ academic year of matriculation: _____

e-mail address: _____

Current address and, possibly, post-graduation address: _____

_____

Phone number _____ Mobile _____

Date of application: _____

MASTER THESIS   **(presentation time: 20 minutes)**

Title: _____

_____

Abstract: _____

_____

_____

_____

_____

_____

Supervisor 1: _____   _____

               Name surname   Signature

Supervisor 2: _____   _____

               Name, surname   Signature

Date _____   Signature _____

RESERVED TO MASTER PROGRAM SECRETARY OFFICE

Referee: _____

Date of graduation exam: _____ Mark: _____/110