

	UNIVERSITY OF SPLIT – FACULTY OF MARITIME STUDIES	Page: Code:	1/1 F05.1.-D.R.
	MASTER'S THESIS TOPIC APPLICATION AND APPOINTMENT OF COMMITTEE FOR MASTER'S THESIS EVALUATION AND DEFENCE	Date:	15.02.2025.

First name and last name of the student: _____

ID number: _____ Tel./mob: _____

Address: _____

Study: _____

APPLICATION FOR MASTER'S THESIS TOPIC

I apply for the Master's thesis topic titled:

_____ (topic title in Croatian)

_____ (topic title in English)

with supervisor: _____ and co-supervisor: _____

in course: _____

Date of application: _____ Signature of supervisor: _____

The student has fulfilled all the requirements to apply for the Master's thesis.

Number: _____ Head of Students Office: _____

COMMITTEE FOR EVALUATION AND DEFENCE OF THE MASTER'S THESIS:

1. Chair: _____
2. Supervisor: _____
3. Co-supervisor: _____
4. Member: _____
5. Member: _____

Chair of Board for final exams and Master's theses:
