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: _______________________________________________________
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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