Sveučilište u Rijeci
University of Rijeka

Sveučilište u Rijeci • Fakultet dentalne medicine
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FORM 3

Committee for the evaluation and defense of the graduation thesis of a student of Integrated Undergraduate and Graduate University Study of Dental Medicine

_____
(student's first and last name)

Under title: _____

EVALUATES THESIS

ACCEPTED - NOT ACCEPTED

Committee for the evaluation and defense of the graduate thesis:

(first name, last name and signature) Chairman

_____

(first name, last name and signature) Member

_____

(first name, last name and signature) Member

_____

The thesis defense will be held: _____