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 | **University of Zagreb** |
| **FACULTY OF TRANSPORT AND TRAFFIC SCIENCES** |
| **Vukelićeva 4, 10000 Zagreb** |
| **Undergraduate study** |
|   |   |   |   |   |   |   |
| **Applicant:** |  |
| **JMBAG:** |  |
| **Study:** |  |  |
| **Department:** |  |  |
| **Status:** |  |  |  |  |  |
| **Thesis extension:** | **YES** |  |  |  |  |
| **Change of mentor:** | **NO** |  |  |  |  |
| **Address:** |  |
| **City:** |  |
| **Phone:** |  |
| **E-mail:** |  |
|   |   |   |   |   |   |   |
|   | **COMMITTEE FOR UNDERGRADUATE AND GRADUATE THESES** |  |
|   |   |   |   |   |   |   |
| **Subject: Application for accession to the drafting of undergraduate thesis** |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| I respectfully request permission for accession to the drafting of thesis.  |
| I declare that I have enrolled in the Undergraduate Thesis course in the academic year:  |   |
|   | / |   |   |
|   |   |   |   |   |   |   |
| As thesis mentor I propose |   |   |
|   |   |   |   |   |   |   |
|   |  |   |
|   | (mentor name and surname) |   |
|   |   |   |   |   |   |   |
| **Application attachments:** |   |   |   |   |   |
|  |   |   |   |   |   |   |
|   | 1. Proposition of thesis title, course and draft of chapter titles |
|   | 2. Student book (index) |
|   |   |   |   |   |   |   |
| *Zagreb,* | *04.03.2016* |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   | Applicant: |   |
|   |   |   |   |   |   |   |
|   |   |   |   | (signature) |   |
|   |   |   |   |   |   |   |
| **REMARK:** Applicants must submit a print version of the application, signed by the mentor, at the students' affairs office. |
| **PROPOSITION OF THE UNDERGRADUATE THESIS TITLE (Croatian):** |
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|  |  |  |  |  |  |  |
| **PROPOSITION OF THE UNDERGRADUATE THESIS TITLE (English):** |
|  |
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|   |   |   |   |   |   |   |
| **COURSE TITLE:** |   |
|   |   |   |   |   |   |   |
| **DRAFT OF CHAPTER TITLES:** |
| **Approval of supervisory teacher:** |   |   |   |
|   |   |   |   |   |   |
|   |   | (signature of supervisory teacher) |   |   |
|   |   |   |   |   |   |   |
| **Committee members proposition:** |   |   |
|   |   |   |   |   |   |   |
| 1. |  | (president) |   |
| 2. |  | (member) |   |
| 3. |  | (replacement) |   |
|   |   |   |   |   |   |   |
|   |
| **APPROVAL OF HEAD OF DEPARTMENT YES / NO** |
|   |   |   |   |   |   |   |
|   |   |   |   |   |
|   |   | (Head of Department signature) |   |   |
|   |   |   |   |   |   |   |
| Date: |   |   |   |   |   |
|   |   |   |   |   |   |   |
| Reason for thesis rejection: |   |   |   |
|   |