**University of Pécs**

**Faculty of Health Sciences**

**City (place of training)**

**……………………. Institute**

**…………………. Department**

**……………………. Major**

**………….. Specialization**

**…………… Programme**

AUTHOR OF THE THESIS

**TITLE OF THE THESIS**

**Supervisor: name of Supervisor**

**Status of Supervisor**

**Workplace of Supervisor**

**Internal consultant: name of Internal Consultant**

**Status of Internal Consultant**

**Workplace of Internal Consultant**