



Faculty of Health Sciences

| Place of | training |
|----------|----------|
| Major | |

Major:

Specialization: Programme:

Name of student:

Topic of specialization thesis/thesis/degree thesis:

Name of Supervisor (head consultant):

Status:

Name of Consultant:

Status:

SPECIALIZATION THESIS/THESIS/DEGREE THESIS CONSULTATION FORM

Status:

1. CONSULTATION

Name of Internal Consultant:

Topic of consultation:

Means of consultation: personal / teleconsultation

Date: Consultant's signature:

2. CONSULTATION

Topic of consultation:

Means of consultation: personal / teleconsultation

Date: Consultant's signature:

3. CONSULTATION

Topic of consultation:

Means of consultation: personal / teleconsultation

Date: Consultant's signature:

4. CONSULTATION

Topic of consultation:

Means of consultation: personal / teleconsultation

Date: Consultant's signature:





Faculty of Health Sciences

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Topic of consultation:

Means of consultation: personal / teleconsultation

Date: Consultant's signature: