

Faculty of Health Sciences

Student	Surname		Forename	
	UEF student number (compulsory)		Email	
	Date and signature			
Thesis	Code	Ects	Programme	
Title of the thesis (description of the research plan on a separate sheet)				
1. instructor`s particulars	Name		Position	
	University unit	Email		
	Date and signature			
2. instructor`s particulars	Name		Position	
	University unit	Email		
	Date and signature			
Proposal by the person in charge of the subject	I favour the proposal <input type="checkbox"/>	Date ___ / ___ 20___	Signature and clarification of signature	
Approval / Decision	Date ___ / ___ 20___		Signature and clarification of signature Head of the School / Department	
<i>Return address</i>	<ul style="list-style-type: none"> Amanuensis Arja Afflekt (NB. The forms of the School of Medicine to amanuensis prior to the Head of the School) 			
Enclosure	Research plan			
CC	Student, instructors, unit in charge of the subject			