

Warsaw,20.....

First and last name:

Student ID number:

Field of study:

CHOICE OF SPECIALIZATION

(specialization classes – academic year/.....)
(master's thesis – academic year/.....)

1. I intend to take specialization classes in:

.....
(name of the Teaching Unit)

2. I intend to complete my master's thesis in the research group:

.....
(name of the research group)

under the supervision of.....
(first and last name of the prospective thesis supervisor)

Thesis topic:
(consistent with the topic entered in the APD system)

.....

Section from which the student will draw a question for the diploma examination

(this section does not have to correspond to the specialization topic):

.....

.....
(date and student's signature)

.....
(thesis supervisor's signature)

Notes:

According to the rules adopted by the Council of the Faculty of Chemistry, the supervisors of master's theses may be:

a) professors and habilitated doctors – each of them may supervise no more than three master's theses in a given academic year.

b) doctors may supervise only one master's thesis.

If the supervisor chosen is a doctor, the signature of the Head of the relevant research group and the signature of the Head of the Teaching Unit must be obtained.

We inform you that thesis topics are available in the APD system, and the selection is made through that system.