

APPLICATION FOR APPROVAL OF THESIS BINDING

(Bachelor's / Master's / Doctoral Thesis)

1. STUDENT INFORMATION

Full Name: _____

Date of Birth: _____

Faculty / School: _____

Student ID Number: _____

2. THESIS INFORMATION

I hereby request approval for the binding of my:

- Bachelor's Thesis
- Master's Thesis
- Doctoral Dissertation

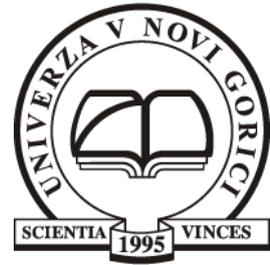
Title of Thesis:

3. STUDENT DECLARATION

I confirm that I am submitting the final version of my thesis for binding.

Date: _____

Signature: _____



4. SUPERVISOR'S CONSENT

I, the undersigned supervisor, confirm that:

- The student has fulfilled all requirements related to the thesis.
- The thesis, including the English abstract, has been linguistically reviewed.
- The unbound version has been reviewed by all members of the defense committee.
- All comments have been addressed and incorporated.
- I approve the submission of the thesis for binding.
- I have submitted my written evaluation to the Faculty Secretariat.

Supervisor's Name: _____

Date: _____

Signature: _____

5. REQUIRED ATTACHMENTS

Please attach the following documents:

- Certificate of completed study requirements
 - Certificate of no outstanding obligations with the University Library
 - Statement of authorship and confirmation of consistency between electronic and printed versions, including consent for publication of personal data
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