**APPLICATION FORM FOR FINAL EXAM**

**2017/2018/II**

**FACULTY OF PUBLIC HEALTH**

**PLEASE USE CAPITAL LETTERS!**

**Full name:**

**Neptun code:**

**Training programme:**

**E-mail:**

**Phone number:**

**Title of Thesis:**

**Supervisor:**

**NB! The deadline of application is 30 April 2018. Late submission will not be tolerated!**

I hereby certify that the above information is true and correct to the best of my knowledge, and I confirm that I wish to take the final exam which is due between **28 May and 15 June, 2018**.

Date: …………………………..

Signature