



University of Split
School of Medicine
Department for Diploma Thesis

FORM 2
MENTOR'S CONSENT FOR DIPLOMA THESIS EVALUATION

Student: _____

Diploma thesis title:

Mentor: _____

I hereby confirm that I have reviewed and approved the final version of this diploma thesis and that it can be submitted for evaluation to the Department of diploma thesis.

Split, _____
(date)

Mentor: _____
(signature)