

SVEUČILIŠTE
U SPLITU
MEDICINSKI
FAKULTET



University of Split
School of medicine
Diploma Thesis Department

Diploma thesis proposal

(please fill legibly or using a computer)

Student's name and surname: _____

Index number: _____

Mentor's name and surname, title: _____

Diploma thesis title:

Mentor's statement:

Split, _____

Student (signature):

Mentor (signature):