



University of Split  
**School of Medicine**  
Department of diploma thesis

**Subject:** approval of the final version of diploma thesis

**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)