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*(Department – stamp)* Gliwice, ………………………. *(date)*

**GRADUATE’S MASTER THESIS FORM**

**Student:** *……………………………………………*…..

 *(Student’s name and surname)*

Pursuant to the/binding Studies Regulations you are given the following topic of the master thesis:

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The deadline for the experimental part of the above work is the last day of the summer semester provided in the Rector's Regulation. You are obliged to submit for assessment two copies of the master's thesis (softcover, hardcover, two-side printed) and one copy in an electronic form no later than by **10.09.20**.... .

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(*Head of the Department signature and stamp)*