Audiovisual Media (BA)

Student´s name:...........................................................................

Name of Study Programme: .......................................................

Year of Admission:......................................................................

Phone number: ..........................................................................

E-mail:.......................................................................................

**Declaration of the Thesis Title and Thesis Supervisor**

**Application**

Please approve title of my thesis as

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 and ................................................................................................ as the Thesis Supervisor.

 *(name)*

I am planning to present my Thesis Work to defence for 2017/2018 academic year:

Fall Semester NB! Study programme is fullfilled 100% (results in ÕIS) by 08.01.2018

Spring Semester NB! Study programme is fullfilled 100% (results in ÕIS) by 20.05.2018

 *(please mark correct semester)*

.............................................................................

*(student´s signature and date)*

Supervisor´s conformation .........................................................................

 *(supervisor´s signature and date)*