**Academic year: 2024/25**

fill out the name and surname of the student

**Department: fill out the name of the department**

Index no:

Phone number:

e-mail address:

**REQUEST**

**FOR EVALUATION AND DEFENSE OF THE FINAL THESIS**

By the Decision of the Council **Odabrati fakultet/akademiju!** University of Sarajevo, number:  from  year, the final thesis was approved, entitled:

**enter the title of final thesis**

The preparation of the final work is completed and in accordance with Article 64. of the Rules of Study for I, II cycle of studies, integrated, professional and specialist studies at the University of Sarajevo, I submit a request for evaluation and defense of the final work.

|  |  |
| --- | --- |
| Sarajevo, date | S t u d e n t |
|  | enter the name and the surname of the student |

Enclosed with the request:

* Mentor's written confirmation that thesis fulfills criteria stated in the explanation of the thesis
* three softback copies of the final thesis (draft version)
* ECTS grade transcript issued by Student Affairs Office