**Appendix 3**

***Certificate of participation in consultations***

***Certificate of participation in consultations***

**(for thesis)**

|  |  |
| --- | --- |
| Name of student: |  |
| Neptun ID of student: |  |
| Program, specialization: |  |
| Level of program (Bachelor’s/Master’s): |  |
| Type of program (part-time/full time): |  |
| Title of thesis: |  |
| Name of supervisor: |  |
| Workplace and position of supervisor: |  |

1. The above-mentioned student participated in thesis consultation. Date of the consultation: …………………. (day/month/year). Type of consultation: personal / electronic. *(Please underline)*

day month year, Budapest

………………………………..

Signature of Supervisor

2. The above-mentioned student participated in thesis consultation. Date of the consultation: …………………. (day/month/year). Type of consultation: personal / electronic. *(Please underline)*

day month year, Budapest

………………………………..

Signature of Supervisor

3. The above-mentioned student participated in thesis consultation. Date of the consultation: …………………. (day/month/year). Type of consultation: personal / electronic. *(Please underline)*

day month year, Budapest

………………………………..

Signature of Supervisor

**Prepared in two original copies.**

*After submitting their thesis title, students are to participate in consultations certified by signature while working on their thesis at least three times. In lieu of the certificate, theses cannot be evaluated or defended.*