DEFENCE OF DIPLOMA WORK

Name: Department: Supervisor:		
Title of diploma work:		
Referee:		
Date of defence: .		
Place of defence:.		
Committee members:		
	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
Questions:		
Result:		
very good (5) good (4)	acceptable (3)	passed (2) failed (1)
Date:		
member	chairman	member