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| --- |
| (Name, surname (capital letters)) |
| (Name of the study program, level) |

To the Director of Siauliai Academy

**APPLICATION FOR THE THESIS TOPIC**

(Date)

# Siauliai

Please confirm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ thesis topic chosen:

(Bachelor / Master)

|  |  |  |
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| BD topic name | BD supervisor name, surname | Supervisor  signature |
| *Lithuanian language* |  |  |
| *English language* |

|  |  |  |
| --- | --- | --- |
| (Student name, surname) |  | (Signature) |