

UNIVERSITY OF PRIMORSKA,  
FACULTY OF MATHEMATICS, NATURAL SCIENCES AND INFORMATION TECHNOLOGIES

## APPLICATION FOR THE TOPIC OF THE DIPLOMA THESIS

### TO BE COMPLETED BY THE STUDENT:

First and last name of the student: \_\_\_\_\_,

Enrolment number: \_\_\_\_\_,

Study programme: \_\_\_\_\_,

Language of study programme (*circle*): Slovene language / English language.

(Working) title of the diploma thesis (DT):

\_\_\_\_\_  
\_\_\_\_\_

*The student fills in, if they request for the approval of preparing and/or defense of the diploma thesis in a language other than the language of the study programme (if you will prepare and defend it in the language in which you are studying, it is not necessary to fill it out):*

I am requesting (*circle*):

- to PREPARE the diploma thesis in Slovene / English language,
- to DEFEND the diploma thesis in Slovene / English language.

Justification:

\_\_\_\_\_  
\_\_\_\_\_

By signing this Application I state that the diploma thesis will be exclusively the result of my own work. I am also aware that using unauthorized means and methods to produce the diploma thesis is punishable by law.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Mandatory attachments to this form are:**

- a brief outline of the diploma thesis,
- a short presentation of the working co-mentor, if proposed for appointment.

---

**TO BE COMPLETED BY THE PROPOSED MENTOR** (the signature is obtained by the student)

Proposed mentor: \_\_\_\_\_

By signing this Application form I give consent to the mentorship and I confirm that the diploma thesis topic is in the field of the study programme in which the student is enrolled.

Proposed co-mentor: \_\_\_\_\_,

Proposed working co-mentor: \_\_\_\_\_,

Working co-mentor's employer: \_\_\_\_\_.

Date: \_\_\_\_\_ Signature of the proposed mentor: \_\_\_\_\_

---

**TO BE COMPLETED BY THE PROPOSED CO-MENTOR** (the signature is obtained by the student)

By signing this Application form I give consent to the co-mentorship.

Date: \_\_\_\_\_ Signature of the proposed co-mentor: \_\_\_\_\_

By signing this Application form I give consent to the working co-mentorship.

Date: \_\_\_\_\_ Signature of the proposed working co-mentor: \_\_\_\_\_

---

**TO BE COMPLETED BY THE COORDINATOR OF THE STUDY PROGRAMME**

Coordinator: \_\_\_\_\_

Opinion about the proposed topic (circle): positive / negative

Opinion about the proposed mentor: positive / negative

*(if the mentor is not employed at UP, the confirmation of the dean UP FAMNIT is necessary)*

Opinion about the proposed co-mentor: positive / negative

Opinion about the proposed working co-mentor: positive / negative

Opinion about the preparation and/or presentation in another language (circle): positive / negative

Remarks:

---

---

Date: \_\_\_\_\_ Signature of the coordinator: \_\_\_\_\_