

	MA / PhD ALTERATIONS REVISION	Code	SAO.4.18.0 ENG
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		Pages	1/1

Name and surname of the Candidate			
Title of PhD Dissertation			
Date of conducted defense			
Name of the Faculty			
<p>As a member of committee for defense of this MA/PhD Thesis, I received new version of thesis prepared by students within three months period after the defense. Upon review of submitted new version of the MA/PhD Thesis, I make following decision:</p>			
Academic Title and Name / Akademska titula i ime	Signature / Potpis	Decision / Odluka	
Member 1 (Chair of the Jury)		1. Approved (alterations fulfilled) 2. Rejected (alterations not fulfilled)	
Member 2 (Supervisor)		1. Approved (alterations fulfilled) 2. Rejected (alterations not fulfilled)	
Member 3		1. Approved (alterations fulfilled) 2. Rejected (alterations not fulfilled)	
Member 4		1. Approved (alterations fulfilled) 2. Rejected (alterations not fulfilled)	
Member 5		1. Approved (alterations fulfilled) 2. Rejected (alterations not fulfilled)	

Chair of the Jury <small>Title and Name</small>		Signature		Date	
Faculty Secretary		Signature		Date	