

	SUPERVISOR/CO-SUPERVISOR/TITLE CHANGE REQUEST ZAHTJEV ZA IZMJENU MENTORA / KO-MENTORA / TEME ZAVRŠNOG RADA	Code	SAO.4.5.0 ENG
		Adoption date	12/09/2016
		Revision date	-
		Pages	1

Part I. Student & Final Work Information / Dio I. Informacije o studentu & temi završnog rada

Student No. / Studentski broj	Name and Surname / Ime i prezime				
	Department / Odsjek				
Program	<input type="checkbox"/> Master 4+1	<input type="checkbox"/> Master 3+2			
	Year / godina	20 <input type="text"/> / 20 <input type="text"/>	Semester / Semestar	<input type="checkbox"/> Fall/zimski <input type="checkbox"/> Spring/ljetni	
Type of Change / Vrsta izmjene	<input type="checkbox"/> SUPERVISOR/MENTOR	<input type="checkbox"/> CO-SUPERVISOR/KO-MENTOR	<input type="checkbox"/> TITLE/TEMA		
Reason for Change / Razlog za zamjenu					
TITLE OF THE MASTER THESIS/PROJECT / TEMA MAGISTARSKJE TEZE/PROJEKTA					
OLD / PRETHODNA					
NEW / NOVA					
SUPERVISOR / MENTOR					
OLD / PRETHODNI	Name and Surname / Ime i prezime	Title / Titula	<input type="checkbox"/> Assist. Prof. / Doc. dr.	<input type="checkbox"/> Assoc. Prof. / V. prof. dr.	<input type="checkbox"/> Prof. dr. / R. prof. dr.
	Department / Odsjek				
NEW / NOVI	Name and Surname / Ime i prezime	Title / Titula	<input type="checkbox"/> Assist. Prof. / Doc. dr.	<input type="checkbox"/> Assoc. Prof. / V. prof. dr.	<input type="checkbox"/> Prof. dr. / R. prof. dr.
	Signature of Supervisor				
CO-SUPERVISOR / KO-MENTOR					
NEW / NOVI	Name and Surname /	Title / Titula	<input type="checkbox"/> Assist. Prof. / Doc. dr.	<input type="checkbox"/> Assoc. Prof. / V. prof. dr.	<input type="checkbox"/> Prof. dr. / R. prof. dr.
	Institution / Institucija				
	Signature of Co-Supervisor				
Student's Signature / Potpis studenta				Date / Datum	
Head of Department / Šef Odsjeka	Signature / Potpis			Date / Datum	
Faculty Secretary / Sekretar fakulteta	Signature / Potpis			Date / Datum	