Please fill in the form and send it to the FFPW Department of Student Affairs at adurinova@frov.jcu.cz as soon as possible.

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| Thesis (bachelor/master) | Select from the dropdown list. |

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| Author: | Click here and enter the required text. |

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| Supervisor: | Click here and enter the required text. |

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| Consultant (if any): | Click here and enter the required text. |

**Reviewer details:**

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| Name, surname (incl. all academic titles): | Click here and enter the required text. |

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| Workplace address: | Click here and enter the required text. |

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| E-mail: | Click here and enter the required text. |

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| Phone: | +420 Click here and enter the required text. |

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| Reviewer is an employee of USB | Select from the dropdown list. |

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| The reviewer agreed beforehand that he/she will do the review | Select from the dropdown list. |

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| Comments: | Optional. If you want to add any information, click here and enter your comments. |

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| Select from the dropdown list. | Click here and select the date. |