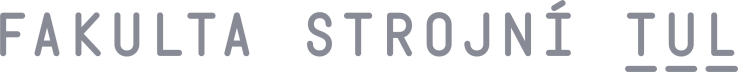
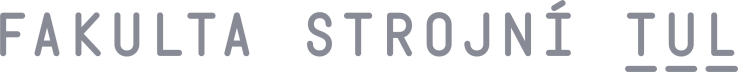
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**REGISTRATION FORM – STATE FINAL EXAM**

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| --- | --- |
| **Surname** |  |
| **Name** |  |
| **Place of birth** |  |
| **Study programme** |  |
| **Department** |  |
| **Diploma Thesis submitted (date)** |  |
| **E-mail** |  |
| **Telephone number** |  |

In compliance with Art. 13 of The Study and Examination Regulations of the TUL.

**Date**       **Student´s signature**

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**REGISTRATION FORM – STATE FINAL EXAM**

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| **Surname** |  |
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**Date**       **Student´s signature**