



FACULTY
OF SOCIAL
SCIENCES

Department of Sociology

Registration of thesis for examination

Bachelor's level and master's level

Sociology

Pedagogy

Social Anthropology

To be filled in by the supervisor

Name: _____

Social security no. (if necessary): _____

Email address: _____

Course code: _____

Title of dissertation: _____

Examination date: _____

Supervisor: _____

Please send the completed form to the course coordinator.