Warsaw,  *................................*

*(date)*

*……………………………………………………..*

*Student’s names and surname*

*Student number …………………………….*

……………………………………………

*e-mail*

*Programme of study:*  **Photonics**

graduation semester – summer 20..…./20…..

**I declare the choice of the title of the Master diploma thesis in Photonics**

*(Deklaruję wybór tematu pracy dyplomowej na studiach II stopnia na kierunku Photonics)*

*(Title (tytuł): ........................................................................................................................................................................................................................................................................................................................................*

*Title in Polish (tytuł po polsku).: …………………………………………………………………………………………………………………………………………………………………………………………………………………………*

*Dissertation advisor (Promotor): ................................................................................................................*

*Name and surname, degree / academic title of the employee of the Faculty of Physics, WUT*

*Auxiliary dissertation advisor (Promotor pomocniczy): ................................................................................*

*Name and surname, academic degree / title, institution (if different from the Faculty of Physics, WUT)*

*……………………………………………….. …………………………………………………………*

*Student's signature* *Signature of the advisor (and auxiliary advisor)*

I approve the choice of the thesis topic

*(Zatwierdzam wybór tematu pracy dyplomowej)*

*…………………………………………*

*Signature of the Vice-Dean for Academic Affairs*