To be filled in if you are/were enrolled – in parallel – in any other degree program!

*N.B.: Do not change the text in any way as it will lead to formal rejection of the thesis work*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Title of the Thesis Work:

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Thesis Work supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, ……………………………………………………….……(student’s full name) in full knowledge of my liability, hereby declare that the overlap between the present Thesis Work and the Thesis Work I submitted for the other program I study/have studied does not exceed 10% as set out 10. § (2) of Corvinus University of Budapest Addendum to the Study and Exam Regulations. I understand that if the program directors, or the persons appointed by them, find an overlap of more than 10%, I will not have fulfilled the study program requirements and will not be allowed to take part in the Thesis Defense.

Budapest, …………………………………………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student’s signature*