**WARSAW UNIVERSITY OF TECHNOLOGY**

**FACULTY OF TRANSPORT**

|  |  |
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| **Approved by** | Academic year 20 /20 |
| **Dean**  Warsaw, | Topic No. |

**MASTER’S THESIS (SECOND-DEGREE)**

Student:

**Name SURNAME**

Index No Specialization:

(*full title of specialization*)

**1. The title of thesis:**

**2. Content:**



**3. Additional comments:**

**4. Submission date:**

**5. Consultant:**

*academic title / degree, first and last name, place of work*

**Thesis supervisor**

*signature*

*academic title / degree, first and last name*

*place of work*