

## AUTHORIZATION REQUEST TO SCHEDULE A FINAL WORK DEFENSE

## ZAHTJEV ZA ZAKAZIVANJE ODBRANE ZAVRŠNOG RADA

Code	SAO.4.6.0 ENG
Adoption date	12/09/2016
Revision date	( <del>1</del> 5)
Pages	1/2

#### Part I. Student's Information / Dio I. Podaci o studentu

I hereby apply for authorization to schedule my Master's Thesis/Project Defense and I certify that: I Ovim putem apliciram za zakazivanje odbrane završnog rada i potvrđujem:

- I have prepared my Master's Thesis/Project in accordance with the IBU Master's Thesis/Project Writing Guide / Pripremio(la) sam završni rad prema uputama IBU Pravilnika za pisanje završnog rada
- I have fulfilled all publication requirements / Ispunio(la) sam uslove vezane za objavljivanje članka
- I have attached a sufficient number of copies of the Master's Thesis/Project to this request form I Uz zahtjev prilažem dovoljan broj primjeraka završnog rada

Student No. / Studentski	18001640	Name and Surname / Ime i prezime	Aladin Kapić	
broj	10001040	Department / Odsjek	Department of Electrical and Electronics Engineering	

Final Work Defense Committee Members / Komisija za odbranu završnog rada				
	Academic Title and Name / Akademska titula i ime	Department and Institution / Odsjek i institucija		
Member 1 (Chair of the Jury) / Član 1 (Predsjednik Komisije)				
Member 2 (Supervisor) / Član 2 (Mentor)				
Member 3 / Član 3				
Substitute Member 1 / Zamjenski član 1				
Substitute Member 2 / Zamjenski član 2				

<sup>\*\*\*</sup>Secretary of Faculty to fill out / Sekretar fakulteta upisuje imena članova komisije

### Part II. Defense Schedule / Dio II. Zakazivanje odbrane

We verify that the student whose name is given above has completed his/her Master's Thesis/Project so that we recommend the Master's Thesis/Project defense to be scheduled at the proposed date and time below. / Potvrđujemo da je gore navedeni kandidat napisao završni rad, te dole navedeni termin predlažemo za odbranu istoga.

Date/Datum	Time / Vrijema	Building / Mjesto	Room No. / Prostorija br.
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<sup>\*\*\*</sup>Secretary of Faculty to fill out necessary information / Sekretar fakulteta upisuje potrebne informacije



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### Part III. Information about Publications / Dio III. Informacije o objavljivanju članaka

No. / Broj	Title of the Paper / Naziv članka	Name of Journal – Conference / Naziv časopisa - konferencije	Authors / Autori	Year/ Volume/ Pages/ Expected Date of Publication / Godina/Izdanje/br. stranica/Datum objavljivanja	Index/ Impact factor / Index/citiranost
1.	FPGA-based Implementation of IIR Filter for Real-Time Noise Reduction in Signal	JONSAE	Aladin Kapić, Rijad Sarić, Dejan Jokić, Slobodan Lubura	2020	

### Part IV. Declaration on Plagiarism / Dio IV. Izjašnjenje o plagijarizmu

I have read and understood "Principles of Research Ethics." I declare that I will abide by them and that my thesis will be the result of my own independent work. I also declare that all parts of the thesis in which the work of others was used as a reference will be cited appropriately and in line with academic rules and ethical conduct. I understand that if any kind of plagiarism is detected in my work will be subject for review by the "Disciplinary Committee."

Upoznat(a) sam sa principima istraživačke etike, te potvrđujem da je završni rad rezultat mog nezavisnog rada, da se materijali u tuđem vlasništvu u potpunosti citirani prema etičkim pravilima i kodeksima. Svjestan(a) sam da ukoliko bilo koji dio završnog rada bude okarakterisan kao plagijat, Univerzitet ima puno pravo da završni rad prijavi disciplinskoj komisiji Univerziteta te da će potrebne korektivne mjere biti pokrenute.

Name and Surname / Ime i prezime	Aladin Kapić	Signature / Potpis	28/	Date / Datum	13.07.2020
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### Part IV. Supervisor Confirmation / Dio IV. Potvrda mentora

Supervisor confirms that the candidate has completed all necessary requirements before Master's Thesis/Project defense

Supervisor / Mentor	Signature / Potpis	Date / Datum	
Faculty Secretary / Sekretar fakulteta	Signature / Potpis	Date / Datum	