VILNIUS GEDIMINAS TECHNICAL UNIVERSITY

fACULTY OF BUSINESS MANAGEMENT

DEPARTMENT OF MANAGEMENT

APPROVED BY

..........…....…………….............study field

.................………...…..............study programme, state code ………….........

………………………..….........specialisation

##### Head of Department

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

(Signature)

Prof. dr. Renata Korsakienė\_\_\_

(Name, Surname)

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

(Date)

## OBJECTIVES FOR MASTER THESIS

.......………...No. ................

Vilnius

For student ...........................……….....…………................................…............................................…............….....

(Name, Surname)

Master Thesis title: .................…..………................................................................................................

..........................................................................................................................................................................

Approved on ............................................, 202... by Dean‘s decree No. .................

(day, Month) (year)

The Final work has to be completed by ................................................., 201.....

(Day, Month) (Year)

THE OBJECTIVES:

…….................................................................................................................................……......................................

..............................................................................................................................................................……..................

...................................................................................................................................................................…….............

..................................................................................................................................................................……..............

.......................................................................................................................................................................…….........

...................................................................................................................................................................…….............

.....................................................................................................................................................................……...........

...................................................................................................................................................................…….............

...............................................................................................................................................................…….................

...................................................................................................................................................................…….............

...................................................................................................................................................................…….............

Consultants of the Master Thesis: ………………………………………………………………….…………………

................................................................................................................................................................……................

(Title, Name, Surname)

Academic Supervisor ................................ ............................................................................

(Signature) (Title, Name, Surname)

Objectives accepted as a quidance for my Master Thesis

…………………………………..

(Student‘s signature)

………………………………..

(Student‘s Name, Surname)

……………………………..…....

. (Date)