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| **TO THE DEPARTMENT OF**...................................................  I would like to study in the field of……………………. …………………………in my Master’s Thesis. I kindly request one of the Academics, whose names I suggest below, to be appointed as my supervisor.    Date: …. / …. / 20.... Student InfoName, Surname: ....................................Student Number: ....................................Signature : …………………….   **Suggested Academics for Supervision:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Title, Name, Surname** | **Department** | **Number of graduate students that the academic supervises on** | | | **MSc** | **Ph.D.** | | **1** |  |  | **\*** | **\*** | | **2** |  |  | **\*** | **\*** | | **3** |  |  | **\*** | **\*** |   **\***This part will be filled by the department  \*\* The department can appoint another supervisor, depending on the supervison burden of the suggested academics above.  **This part is to be filled by the Head of the Department** |
| **TO THE INSTITUTE OF GRADUATE STUDENTS**  I hereby submit to your necessary action regarding the appointment of ……………………………… as a supervisor of the student whose identity is mentioned above.      Head of the Department  Signature  ……/…../20... |