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| **TO THE INSTITUTE OF GRADUATE PROGRAMS** ……………………. is the current main supervisor of the student whose identity is given below. His/her request to have a co-supervisor has been approved by our department. The approvals of the relevant Faculty Members and the student are given below. Kindly submitted to your necessary action.. …/…/20.… Head of the Department  Signature |
| **Reason:**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**THESIS TITLE OF THE STUDENT APPROVED BY THE INSTITUTE:** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**STUDENT INFO**

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| --- | --- | --- | --- | --- | --- | --- |
| **Student ID** | **Full Name** | **Department** | 1. **Program**

**MA&MSc/Ph.D** | **Academic Year**  | **Signature** | **Date** |
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**SUPERVISORS**

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|  | **Title, Full Name** | **Department** | **Supervisee Number** | **Approval Signature** | **Date** |
| **İLK D SUPERVISOR** |  |  |  |  |  |
| **CO-SUPERVISOR** |  |  |  |  |  |

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