|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Info Name, 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... |