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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**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Student ID** | **Full Name** | **Department** | 1. **Program**   **MA&MSc/Ph.D** | **Academic Year** | **Signature** | **Date** | |  |  |  |  |  |  |  |   **SUPERVISORS**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Title, Full Name** | **Department** | **Supervisee Number** | **Approval Signature** | **Date** | | **İLK D SUPERVISOR** |  |  |  |  |  | | **CO-SUPERVISOR** |  |  |  |  |  | |