|  |
| --- |
| **TO THE INSTITUTE OF GRADUATE PROGRAMS**  I request that my postgraduate thesis be postponed considering the following periods in accordance with the 6th article of the "Directive on Collecting, Editing and Opening Access to Postgraduate Thesis" which was put into effect on June 18, 2018 by the Council of Higher Education,    Kindly submitted to your information.    I applied for the patent/ I have patent (2 years).  I demand general restriction (6 months).    Date :  Full Name :  Signature :  Reason: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  **Article-6- (**1) In the event that a patent application is made for a graduate thesis or the patenting process continues, the institute or faculty board of directors may decide to postpone the opening of the thesis for a period of two years upon the recommendation of the thesis supervisor and the approval of the institute department.  (2) Some theses contain information and findings that are not yet transformed into articles or protected by methods such as patents and they may create unfair gain opportunities for third parties or institutions in case of sharing on the internet. Upon the recommendation of the thesis supervisor and the appropriate opinion of the department of the institute, access to these theses may be blocked for a period not exceeding six months with the reasoned decision of the faculty board of directors. |
| **Student Info**  Student Number, Full Name :……………………………………………………………………………………………  Department :……………………………………………………………………………………………  Program : …………………………………………………………………………………………….  Title of Thesis: : ……………………………………………………...……………………………………  Date of Defense :……………………………………………………………………………………………. |
| **APPROVAL OF SUPERVISOR AND DEPARTMENT**  I approve my student ...............................................................................’s request to delay the accessibility of his/her thesis for 6 months/ 2 years.  ……/……/20.…  Supervisor **APPROVED**  Title, Full Name: …………………………… Head of Department: ………………  Signature : …………………………… Signature : ……………… |