



FEYZIYE SCHOOLS FOUNDATION
IŞIK UNIVERSITY
SCHOOL OF GRADUATE STUDIES

PROJECT SUPERVISOR CHANGE FORM

I kindly request to change my project supervisor as indicated below. Sincerely yours.

Program Name:

Student Number:

Student Name:

Date: ____/____/____

Signature:

Project Supervisor (Old):

Project Subject (Old):

Project Supervisor (New):

Project Subject (New):

Date:

Signature:

Head of Department

Name:

Date: ____/____/____

Signature:

Graduate School Contact Information
444 07 99 / 6128-6129-6105 lee@isikun.edu.tr