FEYZİYE SCHOOLS FOUNDATION
IŞIK UNIVERSITY
SCHOOL OF GRADUATE STUDIES

THESIS SUPERVISOR APPLICATION FORM

I kindly request my master's thesis to be supervised by below lecturer/s. Sincerely yours.

Program Name		
Student Number		
Student Name		
Date / Signature	____ / ____ / _____	**Signature:**
Supervisor's Name		
Thesis Title	____	
Date / Signature	_____/_____/ _____	**Signature:**
Thesis Co-supervisor Name (If Any)		
Thesis Subject		
Date / Signature	_____/_____/ _____	**Signature:**
Head of Department / Program Name		
Date / Signature	_____/_____/ _____	**Signature:**

* This form must be submitted by the student to the Executive Board no later than the end of the second semester after being signed by the relevant faculty member and the Head of the relevant Department / Program, as a student who registered a master program with thesis.

Graduate School Contact Information
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