



FEYZİYE SCHOOLS FOUNDATION
IŞIK UNIVERSITY
SCHOOL OF GRADUATE STUDIES

THESIS SUPERVISOR CHANGE FORM

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

Program Name:

Student Number:

Student Name:

Date: ____/____/____

Signature:

Thesis Supervisor (Old):

Thesis Subject (Old):

Thesis Supervisor (New):

Thesis Subject (New):

Date:

Signature:

Head of Department

Name:

Date: ____/____/____

Signature:

Graduate School Contact Information

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