



FEYZİYE SCHOOLS FOUNDATION
IŞIK UNIVERSITY
SCHOOL OF GRADUATE STUDIES

THESIS SUPERVISOR APPLICATION FORM

I kindly request my PhD'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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