

**IŞIK UNIVERSITY
FACULTY OF ENGINEERING**

BS PROJECT APPLICATION FORM FOR CSE STUDENTS

Student No	
Name(s)*	
Phone	
E-Mail	
Department	Computer Engineering

Topic of the Project	
Project Supervisor	

Date	Signature (Student)	Signature (Project Supervisor)

Department Head
Signature
Prof. Dr. Ercan Solak
Date :

*** For group projects, each student should fill and submit this form including the names of his/her project partner (should be attached together).**