

**IŞIK UNIVERSITY
FACULTY OF ENGINEERING**

BS PROJECT APPLICATION FORM

EE BME

Student No	
Name(s)*	
Phone and e-mail	
Department	Electrical & Electronics Engineering

Topic of the Project	
Project Supervisor	

Date	Signature (Student)	Signature (Project Supervisor)

Department Head
Signature
Department Head
Date :

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