**Part I. Student & Thesis/Dissertation Information [To be completed by the Supervisor]**

|  |  |
| --- | --- |
| Program Type | Academic Year and Semester of Application |
| [ ] Master with thesis[ ] Master without thesis[ ] PhD | Academic Year |  | Semester | [ ] Fall | [ ] Spring |

|  |  |
| --- | --- |
| Name of the Program |  |
| Beginning of the Thesis/Dissertation | Type of Change*Check all that are applicable.* |
| Academic Year | Semester | [ ]  Supervisor [ ]  Co-Supervisor |
| 20y y y y - 20y y y y | [ ] Fall [ ] Spring |
| Reason for Change(s)*Attach a report, if needed.* |  |
| **Title of The Thesis/Dissertation** |
|  |

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| --- |
| **New Supervisor** |
| Name |  | Title | [ ] Asst. Prof. Dr. | [ ] Assoc. Prof. Dr. | [ ] Prof. Dr. |
| Department |  | Signature |  | Date |  |
| **Previous Supervisor** |
| Name |  | Title | [ ] Asst. Prof. Dr. | [ ] Assoc. Prof. Dr. | [ ] Prof. Dr. |
| Department |  | Signature |  | Date |  |
| **New Co-Supervisor** |
| Name |  | Title | [ ] Dr. | [ ] Asst. Prof. Dr. | [ ] Assoc. Prof. Dr. | [ ] Prof. Dr. |
| Institution |  | Contribution Load | Supervisor | - - % |
| Co-Supervisor | - - % |
| Department |  | Signature |  | Date |  |
| **Previous Co-Supervisor** |
| Name |  | Title | [ ] Dr. | [ ] Asst. Prof. Dr. | [ ] Assoc. Prof. Dr. | [ ] Prof. Dr. |
| Institution |  | Contribution Load | Supervisor | - - % |
| Co-Supervisor | - - % |
| Department |  | Signature |  | Date |  |

**Part II. Student's Approval**

I am aware of the changes given above and accept them.

|  |  |
| --- | --- |
| Student Name&Surname |  |
| Student No |  | Signature |  | Date |  |

**Part III. Approvals of the Faculty Program Coordinator and the Dean**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Faculty Graduate Program Coordinator(Title, Name&Surname) |  | Signature |  | Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dean of the Faculty(Title, Name&Surname) |  | Signature |  | Date |  |

**Part IV. Approval of the Institute of Graduate Studies**

The Department should inform the Institute of Graduate Studies and Research by sending the approved form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Director of the Institute(Title, Name&Surname) |  | Signature |  | Date |  |