**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** | | |
|  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |