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| Program Type | Academic Year and Semester | | | | |
| Master with thesis  PhD | Academic Year |  | Semester | Fall | Spring |

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| --- | --- |
| Name of the Program |  |
| Title of Thesis |  |
| Aim and Scope of The Study |  |
| Significance of The Study |  |
| Methodology |  |
| Abstract (500 words max) |  |
| Bibliography (Apa Style) |  |

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| --- |
| **Expected Publication upon completion of the Thesis Work**  *Check all that are applicable.* |
| A paper published in an international periodical journal covered by the SCI, SSCI, AHCI, or Expanded SCI.  A paper published in a national and refereed journal.  A paper published in the proceedings of an international and refereed conference or symposium held regularly.  A paper published in the proceedings of a national and refereed conference or symposium held regularly.  Others (please specify): |

**Students’ Approval 1:** I agree to take the above thesis as a part of my graduate study and to have an publication mentioned above.

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

**Students’ Approval 2:** I am aware of the ‘Principles of Academic Ethics’ as should be obeyed and I declare that the thesis that I will submit to the Institute of Graduate Studies and Research will be the result of my own independent work. I understand that if any kind of plagiarism is detected in my written work, the Institute will take the case to the ‘Disciplinary Committee’ for necessary action.

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

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| --- | --- | --- | --- | --- | --- |
| Thesis/Project Supervisor 1  (Title, Name&Surname) |  | Signature |  | Date |  |
| Thesis/Project Supervisor 2  (Title, Name&Surname)  (if applicable) |  | Signature |  | Date |  |

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| Decision of the Ethics Committee | | | | | | |
| Meeting Date |  | Meeting & Decision Number | | |  | |
| Decision | Approved  Conditionally Approved  Rejected  Not Applicable | | | | | |
| Chair  (Title, Name&Surname) |  | Signature |  | Date | |  |
| In case of conditional approval/rejection please outline the reasons/ requested changes/ corrections to the subject/ title/methodology |  | | | | | |

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| Faculty Graduate Program Coordinator  (Title, Name&Surname) |  | Signature |  | Date |  |
| Dean of the Faculty  (Title, Name&Surname) |  | Signature |  | Date |  |

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| Institute Administrative Board  Title and Name | | | Proposal | | Signature |
| Member 1 (Chair) |  | | Appropriate | Inappropriate |  |
| Member 2 |  | | Appropriate | Inappropriate |  |
| Member 3 |  | | Appropriate | Inappropriate |  |
| Member 4 |  | | Appropriate | Inappropriate |  |
| Member 5 |  | | Appropriate | Inappropriate |  |
| Date |  | Evaluation Result | Appropriate | Inappropriate | |

In case of having inappropriate result, please attached a file outlining the reasons/requested changes/corrections to the subject/title/methodology etc.

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

Form to be returned to program cordinator and thesis supervisor.