



**T.R.
USKUDAR UNIVERSITY**

THESIS ADVISOR PREFERENCE FORM

TO THE DIRECTORATE OF

dd / mm /202....

I am a student of the graduate program of your institute, with #:

I kindly request the appointment of the following Faculty Member as Thesis Advisor for the thesis study.

.....

Signature

(Student's Name, Surname, Signature)

Faculty Member Title Name / Surname	Signature	University of Work (Contact Information if Outside of the Institution)

Student's;

Phone:

E- mail:

APPROVAL

.....

Signature

(Head of the Dept.'s Name, Surname, Signature)