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| Ã¼skÃ¼dar Ã¼ni logo ile ilgili gÃ¶rsel sonucu | **T.R.**  **USKUDAR UNIVERSITY**  **THESIS ADVISOR PREFERENCE FORM** |  |

**dd / mm /202….**

**TO THE DIRECTORATE OF SCIENCE INSTITUTE**

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)**