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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)

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| **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)**