**[[1]](#footnote-1)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Nr.** | **:** |  | | | | | |
| **Student Name and Surname** | **:** |  | | | | | |
| **e-mail / Phone Nr.** | **:** |  | | | | | |
| **Department** | **:** |  | | | | | |
| **Advisor** | **:** |  | | | | | |
| **Title of Thesis** | **:** |  | | | | | |
| **New Name of proposed Thesis** | **:** |  | | | | | |
| **Ethics Committee Report** | **:** |  | **Attached.** |  | **Reviewed Reference.**  **Application Document attached.** |  | **Not Necessary.** |
| **Justification for Change** | **:** | **Notice:** In this section, the reasons for changing the subject of the thesis should be clearly stated. The writing area can be extended as needed. | | | | | |
| **Purpose of Researcher** | **:** | **Notice:** In this section, the purpose of the research should be clearly stated. The writing area can be extended as needed. | | | | | |
| **Method of Research** | **:** | **Notice:** In this section, what the material to be used in the research is, how, in which way and when it will be provided; Trial plans and methods that are considered to be applied to achieve the goal; How and in which way the data to be obtained will be evaluated, should be explained in detail by showing the source. Writing area can be extended as needed. | | | | | |
| **Key Sources of Research** | **:** | **Notice:** In this section, resources related to the research subject should be given in accordance with the FBE (IoNS) Thesis Writing Guide. Writing area can be extended as needed. | | | | | |

DD / MM / 202Y

……………………………

(Student Name, Surname, Signature)

**ADVISOR OPINION**

I would like kindly to submit your information and requirements for the acceptance of the new Thesis Subject by changing the Master's Thesis Subject of the student whose name and surname I am supervising.

DD / MM / 202Y

……………………………

(Advisor's Title, Name, Surname, Sig.)

**TO THE DIRECTORATE OF THE INSTITUTE OF HEALTH SCIENCES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number | : |  | Date | : | DD / MM / 202Y |

In line with the approval of the student whose name and surname are mentioned above and also the student advisor, it has been deemed appropriate by our department as well, to change the Master's Thesis Subject.

I submit to your kind information.

…………………………………….

**Head of the Department**

(Title, Name, Surname, Sig.)

1. Must be filled-in on computer. [↑](#footnote-ref-1)