



T.C.
ÜSKÜDAR UNIVERSITY

PROJECT ADVISOR APPOINTMENT FORM

...../...../202....

TO THE INSTITUTE OF HEALTH SCIENCES

I am a student in the Neuroscience MSc (without Thesis) program with student number
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I would like to request the appointment of the Faculty Member with following information as
my Project Advisor.

Sincerely,

.....

(Student Name Surname, Signature)

Faculty Member Title, Name Surname, Signature

Student:

Phone Number :

E-mail :

APPROVAL

.....

Head of Department

(Title, Name Surname, Signature)