



T.C.
ÜSKÜDAR UNIVERSITY

THESIS ADVISOR APPOINTMENT FORM

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

TO THE INSTITUTE OF HEALTH SCIENCES

I am a student in the Neuroscience MSc program with student number

I would like to request the appointment of the Faculty Member with following information as my Thesis 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)