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|  |  **T.R.** **ÜSKÜDAR UNIVERSITY** **THESIS ADVISOR PREFERENCE FORM** |  |

**………/………./202….**

 **GRADUATE SCHOOL OF HEALTH SCIENCES DIRECTORATE**

I am a student in the Master's Programme No . …………..….. at your institute.

I respectfully request that the faculty member listed below be appointed as my thesis advisor for my thesis work.

…………………………

 (Student Name and Surname, Signature)

|  |  |
| --- | --- |
| **Faculty Member****Title, Name / Surname** | **Signature**  |
|  |  |

**Student:**

Phone Number:

E-mail:

**Note:** In accordance with the decision of our University Senate dated 26.08.2021;

**Effective from the 2021-2022 Autumn Semester;**

• In master's degree programmes with thesis, a research article submitted to a national or international peer-reviewed journal is required.

 **APPROVAL**

 **………………………………..**

 **(Head of Department Name Surname, Signature)**