|  |  |  |
| --- | --- | --- |
|  | **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)**