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|  | **T.R.****USKUDAR UNIVERSITY****PROJECT ADVISOR PREFERENCE FORM** |  |

.. / .. / 202..

 **TO THE DIRECTORATE OF THE GRADUATE SCHOOL OF HEALTH SCIENCES**

I am a student of the master program of your institute ………………………………………….. with number ..............…...

I sincerely wish to appoint the faculty member I mentioned below as a project consultant for the project work.

……………………………… (Student Name, Surname, Signature)

|  |
| --- |
| **Faculty Member’s;****Title, Name / Surname** |
|  |

**Student:**

Phone: ………………………………………

E-mail: ……….………………………………

 **APPROVAL**

 **………………………………..**

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