INSTITUTE OF GRADUATE STUDIES
THESIS / PROJECT ADVISOR ASSIGNMENT FORM

……/……/20…

TO THE DIRECTORATE OF THE INSTITUTE OF GRADUATE STUDIES

…….. has been appointed as the ☐ Thesis Advisor / ☐ Project Advisor of our student, …….. (Student ID No: ……..), enrolled in the ☐ Non-thesis Master's / ☐ Master's with Thesis / ☐ PhD program of our Department.

Submitted for your information and necessary action

Name and Surname of the Head of Department

STUDENT INFORMATION	
NAME AND SURNAME	
STUDENT ID	
PROGRAM / DATE OF ENROLLMENT IN THE PROGRAM	
STUDENT'S SIGNATURE	
ADVISOR INFORMATION AND APPROVALS	
TITLE, NAME-SURNAME, AND SIGNATURE OF THE PROPOSED THESIS / PROJECT ADVISOR	
THE PROPOSED THESIS / PROJECT ADVISOR'S	FIELD OF PhD:
	FIELD OF ASSOCIATE PROFESSORSHIP:
CONTACT INFORMATION OF THE PROPOSED THESIS / PROJECT ADVISOR (e-mail & phone)	
NUMBER OF ONGOING SUPERVISIONS OF THE PROPOSED THESIS / PROJECT ADVISOR (Excluding Graduation Projects)	MASTER'S WITH THESIS: PhD:
(If the proposed thesis advisor is from outside the institution) **HIGHER EDUCATION INSTITUTION** TO WHICH THE PROPOSED THESIS ADVISOR IS AFFILIATED	
IF ANY, PROPOSED SECOND THESIS ADVISOR - INSTITUTION - FIELD	
IF ANY, TITLE, NAME-SURNAME, AND SIGNATURE OF THE SECOND THESIS ADVISOR	