



İSTANBUL TİCARET
ÜNİVERSİTESİ

..... ENSTİTÜSÜ
..... INSTITUTE

YÜKSEK LİSANS/ DOKTORA İKİNCİ TEZ DANIŞMANI ÖNERİ FORMU
MASTER'S / DOCTORATE SECOND THESIS ADVISOR RECOMMENDATION FORM

T.C. KİMLİK NO :
T.C. IDENTITY NUMBER
ADI-SOYADI :
NAME SURNAME
ÖĞRENCİ NUMARASI :
STUDENT NUMBER
TELEFON :
TELEPHONE
E-MAIL :
E-mail
PROGRAMI :
PROGRAM

ÖNERİLEN İKİNCİ TEZ DANIŞMANI <i>PROPOSED SECOND THESIS ADVISOR</i>	
KURUM BİLGİSİ <i>ORGANIZATION INFO</i>	
TELEFON NUMARASI <i>PHONE NUMBER</i>	

ÖNERİLEN İKİNCİ TEZ DANIŞMANI GEREKÇESİ <i>RATIONALE FOR PROPOSED SECOND THESIS ADVISOR</i>

MEVCUT TEZ DANIŞMANININ GÖRÜŞÜ <i>OPINION OF CURRENT THESIS ADVISOR</i>
<input type="checkbox"/> UYGUNDUR. <i>APPROPRIATE</i> <input type="checkbox"/> UYGUN DEĞİLDİR. <i>NOT APPROPRIATE</i>

ÖĞRENCİNİN ADI SOYADI <i>STUDENT'S NAME AND SURNAME</i>		TARİH <i>DATE</i>	İMZA <i>SIGNATURE</i>
ASIL DANIŞMANIN ADI SOYADI/ÜNVANI <i>STUDENT'S NAME AND SURNAME</i>			
ÖNERİLEN İKİNCİ DANIŞMANIN ADI SOYADI/ÜNVANI <i>RECOMMENDED SECOND CONSULTANT NAME SURNAME/TITLE</i>			

ANABİLİM DALI BAŞKANININ ADI SOYADI/ÜNVANI HEAD OF DEPARTMENT NAME SURNAME/TITLE			
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YÖNETİM KURULUNA SEVK
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DATE
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