MAN’S TERM PROJECT REGISTRATION AND ADVISOR PROPOSAL FORM

TR IDENTITY NUMBER: ……………………………………………..
NAME-SURNAME: ……………………………………………..
STUDENT NUMBER: ……………………………………………..
PHONE: …………………………………………
E-mail: …………………………………………
DEPARTMENT: ………………………………………………………………………
GRADUATE PROGRAM: ……………………………………………………………………

PROPOSED PROJECT ADVISOR

PROPOSED SUBJECT FOR TERM PROJECT

Student’s Name, Surname

Date: …../…./ 20….

Signature:

THIS PART SHALL BE FILLED IN BY THE TERM PROJECT ADVISOR.

VIEW OF THE TERM PROJECT ADVISOR

☐ APPROPRIATE
☐ NOT APPROPRIATE

DATE
SIGNATURE

The student whose information has been given in this form has been proposed the above-stated subject for the term project and project advisor.

Kindly submitted for your information and action.

Head of the Department

Date: …./…./ 20….

Signature:

ANNEX: TRANSCRIPT

TRANSFER TO THE BOARD OF DIRECTORS

DATE:

DIRECTOR OF THE GRADUATE SCHOOL/ SIGNATURE