



TR
ISTANBUL COMMERCE UNIVERSITY

İC. İSTANBUL TİCARET GRADUATE SCHOOL OF
ÜNİVERSİTESİ

MASTER'S TERM PROJECT REGISTRATION
AND ADVISOR PROPOSAL FORM

TR IDENTITY NUMBER :

NAME-SURNAME :

STUDENT NUMBER :

PHONE :

E-mail :

DEPARTMENT

GRADUATE PROGRAM:

PROPOSED PROJECT ADVISOR	
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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	DATE	SIGNATURE
<input type="checkbox"/> APPROPRIATE		
<input type="checkbox"/> NOT APPROPRIATE		

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

