



TC. İSTANBUL TİCARET
ÜNİVERSİTESİ

TR
ISTANBUL COMMERCE UNIVERSITY
GRADUATE SCHOOL OF

GRADUATE THESIS ADVISOR PROPOSAL
AND THESIS REGISTRATION FORM

TR IDENTITY NUMBER :

NAME-SURNAME :

STUDENT NUMBER :

PHONE

E-mail

GRADUATE PROGRAM:

PROPOSED THESIS ADVISOR	
IF ANY, PROPOSED THESIS CO-ADVISOR	

THESIS SUBJECT ON WHICH THE STUDENT WISHES TO WORK

Student's Name, Surname

Date: / / 20....

Signature:

SHALL BE FILLED IN BY THE THESIS ADVISOR.

THESIS ADVISOR'S VIEW	DATE	SIGNATURE
<input type="checkbox"/> APPROPRIATE		
<input type="checkbox"/> NOT APPROPRIATE		

The student whose information has been given above is proposed the above-stated thesis subject and thesis advisor/advisors.

Kindly submitted for your information and action.

Head of the Department

Date: / / 20....

Signature:

ANNEX: TRANSCRIPT

FORWARD TO THE BOARD OF DIRECTORS

DATE :

DIRECTOR OF THE GRADUATE SCHOOL/ SIGNATURE