



T.C. İSTANBUL TİCARET
ÜNİVERSİTESİ

TR
ISTANBUL COMMERCE UNIVERSITY
GRADUATE SCHOOL OF

POSTGRADUATE PROGRAM THESIS ADVISOR PROPOSAL FORM

TR IDENTITY NO	
NAME SURNAME	
STUDENT NUMBER	
POSTGRADUATE PROGRAM	
PROPOSED THESIS ADVISOR (*)	
IF ANY, PROPOSED THESIS CO-ADVISOR	

(*) The advisor is required to have supervised at least one master's thesis.

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 faculty member(s) relating to whom information has been given below is proposed as the thesis advisor(s) of above-mentioned student.

Kindly submitted for your information and action.

Head of the Department

Date: / / 20....

Signature:

FORWARD TO THE BOARD OF DIRECTORS

DATE :

DIRECTOR OF GRADUATE SCHOOL/ SIGNATURE

:
ENS.FR.D02 26.07.2017