*The duration of a Master’s Program (with thesis) study is a minimum of 2 semesters and a maximum of 4 semesters. The duration of Doctoral program study is a maximum of 10 semesters.*

*The maximum duration of studies outlined above may be extended by 2 semesters at the most. Periods of time spent by students in English preparatory courses or deficiency courses are not included within the duration period of the Master's/Doctoral program.*

*The time that, the student may need to finish his/her degree is not automatically extended so he/she must fill in the Electronic Copy of the application form and sign it. All documentation, if any, supporting the application should also be attached for an extension request to be considered. The student's supervisor and the Department's Graduate Studies Committee Chair should verify the information provided below. The Department should submit the Printed Copy of the completed form to the Institute of Graduate Studies and Research (IGSR). Incomplete forms will be returned to the Department. For the second extension semester, the request should be renewed.*

**Part I. Student Information [To be completed by the Supervisor and signed by the Student]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No. | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | | | Type of Program | Master's | | | Ph.D. | | |
| Student's Name |  | | | | | Department |  | | | | | |
| Academic Year and Semester of the First Registration | | | | | | Number of Semesters Registered in the Past | Period of Extension | | | | | |
| Academic Year | | Semester (Check one only) | | | |
| 20y y y y - 20y y y y | | | | Fall | Spring. |  | 20y y y y - 20y y y y | | Fall | | | Spring |
| **Reason for Extension**  *Attach a separate sheet, if needed.*  Your report should mention:   * the details of thesis/dissertation work completed (such as literature survey, data collection, experiments, statistical evaluation, thesis writing etc.) until now, * the details of remaining work to be completed during the period of extension, * the problems occurred (such as lack of lab equipment, insufficiency of computing utilities, low attention of the student or the supervisor, overload of the student, if he/she was a research assistant, etc.) until now, if any, and, * the reason for extension of time. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Attached Documents,  if any | | 1 |  | | | | | Student's Signature | | |  | |
| 2 |  | | | | | Date of Application | | |  | |
| Supervisor  Title and Name | | |  | | | | | Signature | | |  | |

**Part II. Proposal of the Thesis Supervisor and the Chair of the Department's Graduate Studies Committee**

The extension request may be accepted since there is a possibility of completing the thesis/dissertation work of the student whose name is given below at the end of the extension semester requested.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No. | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | Student's Name |  |
| Department |  |

|  |  |
| --- | --- |
| Comments,  if the decision is negative |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supervisor  Title and Name |  | Signature |  | Date |  |
| Dept. Graduate Committee Chair  Title and Name |  | Signature |  | Date |  |

**Part III. Consent of the Department Chair**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Department Chair  Title and Name |  | Signature |  | Date |  |

*The Department should inform the Institute of Graduate Studies and Research by sending the approved form.*

**Part IV. Approval of the Instıtute of Graduate Studıes and Research**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| IGSR Director  Title and Name | Prof. Dr. Ali Hakan Ulusoy | Signature |  | Date Received |  |
| Notes |  | | | System  Check |  |

*The Institute of Graduate Studies and Research should send the approved form to the Registrar's Office.*

**Part V. Director of the Registrar’s Office**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registrar's Office** | | | |
| Notes |  | Date Received |  |
| System  Check |  |