*This form should be filled in for all graduate students in programs with thesis to replace the student advisor, once the thesis supervisor has been decided on. For the change of a thesis supervisor/co-supervisor please use the relevant forms available on IGSR web page.*

**Part I. Student**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No. | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | Student’s Name |  | | | | |
| Program Type | | | Academic Year and Semester | | | | | | |
| Master's | | Ph.D. | Academic Year | 20y y y y - 20y y y y | | | Semester | Fall | Spring |
| Department |  | | | Signature | |  | | Date |  |

**Part II. Thesis Supervisor**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supervisor’s Name |  | Title | Asst. Prof. Dr. | | Assoc. Prof. Dr. | | Prof. Dr. | |
| Department |  | | Signature |  | | Date | |  |

**Part III. Co-Supervisor**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Co-Supervisor’s Name |  | Title | Dr. | Asst. Prof. Dr. | | Assoc. Prof. Dr. | | Prof. Dr. |
| Institution |  | | E-mail | |  | | | |
| Department |  | | Date | |  | | | |
| Address |  | | Signature | |  | | | |
| Telephone |  | | Contribution Load | | Supervisor | | - - % | |
| Co-Supervisor | | - - % | |

**Part IV. Departmental Graduate Studies Committee**

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

**Part V. Approval of the Department Chair**

The above mentioned academician(s) has/have been appointed as the thesis supervisor/co-supervisor for the student whose name is given above.

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

**Part VI. Approval of the Institute of Graduate Studies and Research**

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

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