*This application form must be filled and signed by the student since application by proxy is not acceptable. All documentation, if any, supporting the request/application should also be attached, for a Status Change to be considered. Incomplete application forms will be returned to the Department.*

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No. | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | Type of Program | Master's | Ph.D. | Present Status | Part-Time | | Full-Time |
| New Status | Part-Time | | Full-Time |
| Student's Name |  | | | | Registered Academic Year & Semester | | | |
| Academic Year | | Semester | |
| Student’s Department |  | | | | 20y y y y - 20y y y y | | 20y y y y - 20y y y y | |
| **Reason for Status Change**  *Attach a separate sheet, if needed.* | | | | | | | | |
|  | | | | | | | | |
| Student's Signature |  | | | | Date of Application |  | | |

**Part II. Consent of the Supervisor/Department Chair**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Notes |  | Evaluation Result | Recommended | Not Recommended | |
| Supervisor  Title and Name |  | Signature |  | Date |  |
| Department Chair  Title and Name |  | Signature |  | Date |  |

**Part III. Decision of the Council of the Institute**

No need for the Council meeting if the Director has been given the approval authority by the Council of the Institute.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Council Meeting Date |  | Meeting & Decision Numbers |  | Evaluation Result | Recommended | | Not Recommended | |
| Decision of the IGSR |  | | | | | | | |
| Notes |  | | | | | | | |
| IGSR Director  Title and Name | Prof. Dr. Ali Hakan Ulusoy | | Signature |  | | Date | |  |

**Part IV. Approval of the Registrar’s Office**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Notes |  | Evaluation Result | Approved | Not Approved | | |
| Registrar  Name |  | Signature |  | | Date |  |

*One approved copy of this form should be sent to:*

* *the Institute of the Graduate Studies and Research,*
* *the Student’s Department,*

*by the Registrar’s Office.*