*This form should be filled if there is only a change in the Supervisor/Co-supervisor of a Thesis/Dissertation proposal. If the Thesis/Dissertation content changes along with the changes in the summary of the proposal please use the Thesis/Dissertation Subject Change Form. Changes should be approved by the supervisor (and co-supervisor, if any).*

*Please fill in the form completely and submit the Printed Copy, which has the approval of the Department Chair, to the Dean's Office to be sent to the Institute of Graduate Studies and Research (IGSR). Incomplete application forms will be returned to the Department. The Institute of Graduate Studies and Research will finalize the application.*

**Part I. Student & Thesis/Dissertation Information [To be completed by the Supervisor]**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| Student No. |

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 | Student’s Name |  |
| Department |  |
| Program Type | Beginning of the Thesis/Dissertation  | Type of Change*Check all that are applicable.* |
| Academic Year | Semester |
| [ ] Master's | [ ] Ph.D. | 20y y y y - 20y y y y | [ ] Fall | [ ] Spring | [ ] Supervisor | [ ] Co-Supervisor |
| Reason for Change(s)*Attach a report, if needed.*  |  |
| **Title of The Thesis/Dissertation** |
|  |
| **Supervisor** |
| Old | Name |  | Title | [ ] Asst. Prof. Dr. | [ ] Assoc. Prof. Dr. | [ ] Prof. Dr. |
| Department |  | Signature |  | Date |  |
| New | Name |  | Title | [ ] Asst. Prof. Dr. | [ ] Assoc. Prof. Dr. | [ ] Prof. Dr. |
| Department |  | Signature |  | Date |  |
| **Co-supervisor** |
| Old | Name |  | Title | [ ] Dr. | [ ] Asst. Prof. Dr. | [ ] Assoc. Prof. Dr. | [ ] Prof. Dr. |
| Institution |  | Contribution Load | Supervisor | - - % |
| Co-Supervisor | - - % |
| Department |  | Signature |  | Date |  |
| New | Name |  | Title | [ ] Dr. | [ ] Asst. Prof. Dr. | [ ] Assoc. Prof. Dr. | [ ] Prof. Dr. |
| Institution |  | Contribution Load | Supervisor | - - % |
| Co-Supervisor | - - % |
| Department |  | Signature |  | Date |  |

**Part II. Student's Approval**

I am aware of the changes given above and accept them.

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| --- | --- | --- | --- | --- | --- |
| Student’s Name |  | Signature |  | Date |  |

**Part III. Approvals of the Department Chair and the Dean**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dept. Graduate Committee ChairTitle and Name |  | Signature |  | Date |  |
| Department ChairTitle and Name |  | Signature |  | Date |  |

**Part IV. Approval of the Institute of Graduate Studies**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| IGSR DirectorTitle and Name | Prof. Dr. Ali Hakan Ulusoy | Signature |  | Date Received |  |
| Notes |  | System Check | [ ]  |