*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 |
| SupervisorTitle and Name |  | Signature |  | Date |  |
| Department ChairTitle 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 DirectorTitle and Name | Prof. Dr. Ali Hakan Ulusoy | Signature |  | Date |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Notes |  | Evaluation Result | [ ] Approved | [ ] Not Approved |
| RegistrarName |  | 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.*