T.C.

İSTANBUL GEDİK UNIVERSITY

 THE INSTITUTE OF GRADUATE STUDIES

 SUPERVISOR CHANGE FORM

Date : …/…/20…

Student Name and Surname :

Student ID :

Signature :

Program :

Level of Program :

**Master with Thesis Master without Thesis Doctorate (PhD)**

Current Term Project / Thesis Supervisor Name Surname :

Signature :

New Term Project / Thesis Supervisor Name Surname :

Signature :

|  |  |
| --- | --- |
| Number of Ongoing Consultations of the Proposed Supervisor(Except for Master without Thesis) | **Master Doctorate Total** **with** **Thesis**  |
| Number of Completed Thesis of Proposed Supervisor(Except for Master without Thesis) | **Master Doctorate Total** **with** **Thesis**  |

|  |  |
| --- | --- |
| **Lessons Conducted by the Proposed Supervisor** | **State** |
| \* To have taught at least two semesters at undergraduate level | Yes No  |
| \*\* To have taught at least four semesters at undergraduate level. | Yes No  |
| \*\* To have taught in the master's program for at least two semesters. | Yes No  |

President of the Main Branches of Science Name Surname :

Signature :