
#  T.C.

**ISTANBUL GEDİK UNIVERSITY**

#  THE INSTITUTE OF GRADUATE STUDIES

2nd SUPERVISOR APPROVAL FORM

Date : …/…/20…

Student Name and Surname :

Signature :

Student Number :

Program :

Level of Program :

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

Thesis/Term Project Supervisor

Name and Surname :

Signature :

Second Thesis/Term Project Supervisor Name and Surname :

Signature :

President of Main Branch of Science Name and Surname :

Signature :