# …/…/20…

 **T.C.**

# İSTANBUL GEDİK UNIVERSITY

##  THE INSTITUTE OF GRADUATE STUDIES

**ADDITIONAL DURATION FORM THESIS**

## To the Institute of ,

I declare that the thesis written by …………………..………………… with the ID

………………………… of the ............................................................ program which I currently supervise needs additional duration to finish his/her thesis.

Reason for Additional Duration:

…………………………………………………………………………………………………

……………………………………………………………………………………………….. I kindly request that the necessary steps be taken for the next procedure.

PROJECT SUPERVISOR OF SCIENCE

Name, Surname Signature

## Student Name, Surname

Signature

**FINANCIAL AFFAIRS APPROVAL**

**Appropriate Additional Time:**

1. **Semester**
2. **Semester**

**Additional Payment:**

**Yes**

**No**

Financial Affairs

## Signature