



T.C.
İSTANBUL GEDİK UNIVERSITY
INSTITUTE OF
SUPERVISOR APPROVAL FORM

Date : .../.../20...

Student Name and Surname :

Signature :

Student ID :

Program :

Level of Program :

	Master with Thesis
	Master without Thesis
	Doctorate (PhD)

Term Project / Thesis Supervisor

Name Surname :

Signature :

President of the Main Branches of Science

Name Surname :

Signature :

Institute Approval (will be filled out by the secretary of institute)

Number of Board Decision :

Date of Board Decision :