



**T.C.**  
**İSTANBUL GEDİK UNIVERSITY**  
**INSTITUTE OF .....**  
**SUPERVISOR CHANGE FORM**

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

**Student Name and Surname** :

**Student ID** :

**Signature** :

**Program** :

**Level of Program** :

	<b>Master with Thesis</b>
	<b>Master without Thesis</b>
	<b>Doctorate (PhD)</b>

**Current Term Project / Thesis Supervisor**

**Name Surname** :

**Signature** :

**New Term Project / Thesis Supervisor**

**Name Surname** :

**Signature** :

**President of the Main Branches of Science**

**Name Surname** :

**Signature** :

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

**Number of Board Decision** :

**Date of Board Decision** :