

.../.../20...



T.C.
İSTANBUL GEDİK UNIVERSITY
DEFENSE DATE FORM

To the Institute of,
As the result of meeting with defense jury members; the defense exam for the
student with the ID..... of the
Program which I currently supervise, will take place at .../.../20..., at.....o`clock.
I kindly request that the necessary steps be taken for the next procedure.

Sincerely,

Thesis Supervisor

Name – Surname

Signature

Thesis Topic:

.....
.....
.....

Institute Approval

Meeting Room :.....

Institute Secretary :.....

Signature :.....