

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



**T.C.**  
**İSTANBUL GEDİK UNIVERSITY**  
**INSTITUTE OF .....**  
**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**