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|  | **ÇANKAYA UNIVERSITY**  **Graduate School** **Postponement of Access to Graduate Theses Request Form** |

**Postponement of Access to Graduate Theses Request Form** The student fills out the form and submits it to the thesis supervisor. Upon checking the form, completing the justification section and signing the form, the thesis supervisor submits it to the Head of the Department concerned.

**PART I:** This section is to be filled out by the student.

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| **Student Number:** |  | **Name and Type of the Program:** | **Choose Program** |
| **Student Name-Surname:** |  | | |

**TO THE HEAD OF CHOOSE DEPARTMENT,**

In accordance with **Article 6** of the Council of Higher Education’s “Directive on Collecting, Arranging and Making Access to Graduate Theses in Electronic Media”

**( ) Clause 1:** “*In case a patent application is made for a graduate thesis or the process of obtaining a patent continues, the institute or the faculty board of directors may decide to postpone the accessibility of the thesis for two years, upon the recommendation of the thesis advisor and the approval of the division .*

**( ) Clause 2:** *“As for the theses in which new techniques, materials and methods are utilized, and the theses which have not been converted into articles or those that have not been protected by methods such as patenting and those incorporating information and findings likely to lead to undeserved gains to third parties or institutions if shared online, access to such theses could be restrained* ***for a maximum of six months*** *by justified decision of the Institute or the Faculty Board upon the thesis supervisor’s proposal and the division’s approval.”*

I request that access to my graduate thesis be delayed for a period of …………………………....

Kindly submitted for your information.

……/……/20.…

**Name-Surname:**

**Signature:**

**PART II:** This section is to be filled out by the thesis supervisor.

To the Head of the Division of ……………………………………………………….**,**

I propose that access to the graduate thesis of my supervisee student named ……………………………………..……… be delayed for a period of …………………………… with regard to the reason(s) stated below.

Reason(s): ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

……/……/20.…

Name, Surname and Signature of the Thesis Supervisor(s)\*

**PART III.** This section is to be filled out by the Head of the Department

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| **Head of the Department:** |  | **Signature:** |  | **Date:** |  |

\* In case there is a co-supervisor, each supervisor’s approval is required.