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|  | **ÇANKAYA UNIVERSITY**  **Graduate School** **Thesis Supervisor Appointment Form** |

**PART I.** *(To be filled by the student and thesis supervisor****)***

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| **Student Number:** |  | | **Program Name:** | | **Choose Program** | | | |
| **Student Name:** |  | | | | | | | |
| **Date:** | | Select The Date | | **Signature:** | |  | | |
| **Thesis Supervisor Name:** | |  | | **Title:** | | Choose a title. | | |
| **Department:** | |  | | **Signature:** | |  | **Date:** |  |
| **Co-supervisor Name:** | |  | | **Title:** | | Choose a title. | | |
| **Institution*:***  *Give full address if other than Çankaya University* | |  | | | | | | |
| **Department:** | |  | | **Signature:** | |  | **Date:** |  |

**PART II. Approval of the Department Chair**

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| **Department Chair:** |  | **Signature:** |  | **Date:** |  |

**NOTES:**

**1. THE STUDENT SHOULD FILL ALL RELEVANT FIELDS IN THIS FORM ON THE COMPUTER IN CONSULTATION WITH THE THESIS SUPERVISOR AND HAND IT IN TO THE DEPARTMENT.**

**2. AFTER APPROVAL, THIS FORM SHOULD BE SENT TO THE GRADUATE SCHOOL VIA *EBYS*.**

**3. GRADUATE SCHOOL WILL NOT ACCEPT INCOMPLETE OR/AND HAND WRITTEN FORM.**