

## HALİÇ UNIVERSITY

INSTITUTE OF GRAI	DUATE EDUCATION	
	Date//	
ADVISOR PRO	POSAL FORM	
ent:	Student Number:	

Name-Surname of the Student:		Student Number:
E-Mail:		GSM:
Department:		Signature:
Program:	☐ Doctorate	☐ Proficiency in Art

## INSTITUTE OF GRADUATE EDUCATION

The faculty member approved to be appointed to guide the Thesis of the above-mentioned student is presented in the table below. Kindly request you to do the needful.

> **Head of Department** (Title, Name, Surname and Signature)

Information	about the	Advisor
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Title, Name, Surname of the Faculty Member	Institution*	Department	Signature
Reason:			
*If the advisor does not work v			*
table. If the advisor works withi	n the institution, the rea	ison field must be left blar	ık.

according to the ../../.... Dated and ...... numbered decision of the Institute of Graduate Education.

RECORDS OF DOCUMENTS			
Date of Registry	Registry No	Appendix	

**Institute Manager** (Title, Name, Surname and Signature)

Appendix: Student's petition