

| Date | / | / |
|------|---|---|
| Date | | / |

| Name-Surname of the Student: E-mail: Department: | | | Student Number: | | | |
|---|--------------|-----------|---------------------------|-----------------------------|----------------------|--|
| | | | GSM: | | | |
| | | | Signature: | | | |
| Program: | | | ☐ Doctorate | | ☐ Proficiency in Art | |
| TO THE DIRE | CTORATE | OF DEPA | RTMENT | | | |
| | | | | | u have assigned | |
| below to guide my the | | 1 | | j | | |
| Faculty Member | | Title, Na | ame-Surname | Associated Institute | | Signature |
| Former Advisor | | | | | | |
| New Advisor | | | | | | |
| Reason of Change (to by the Department/An Department) | | | | | | |
| We approve the chang you to do the needful. | | | F GRADUATE member guiding | | ve-mentioned str | udent. Kindly reques of Department rname and Signature |
| Decision of the Instit | | | mmittee: | | | |
| Above given proposal | is approved. | | | | | |
| RECORDS OF | DOCUMEN' | ΓS | | | | |
| Date of Registry Regi | stry No A | ppendix | | | | Institute Manage |
| | | | | (| Title, Name, Sur | rname and Signature |