



HALIÇ UNIVERSITY
INSTITUTE OF GRADUATE EDUCATION
 DEPARTMENT
THESIS SUBJECT CHANGE FORM

Date...../...../.....

The title and subject of the Thesis of the below-mentioned graduate student are requested to be changed as specified. Kindly request you to do the needful.

Advisor

(Title, Name, Surname and Signature)

Head of Department

(Title, Name, Surname and Signature)

Name-Surname of the Student:		Student Number:
E-mail:		GSM:
Department:		Signature:
Program:	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Proficiency in Art

Former Title of the Thesis:
New Title of the Thesis:
Subject and Purpose of the Thesis:

Note: The interim report of the thesis monitoring committee and the thesis subject change form will be presented together.

According to the decision dated/...../..... and numbered of the Institute of Graduate Education, the name and the subject change of the Thesis mentioned above is accepted unanimously / by majority of votes.

RECORDS OF DOCUMENTS		
Date of Registry	Registry No	Appendix

Institute Manager

(Title, Name, Surname and Signature)