The Head of the Department of ……………

Student’s Name and Surname

|  |  |
| --- | --- |
| Name and Surname / Number |   /  |
| Department |  / /  |
| Identity Of Supervisor |   |
| Name and Surname of the Second Advisor*(University / Faculty / Department must be stated )* |   / /  |

 The Suggestion for the Change in Thesis Name

 The Suggestion for the Change in the Thesis Topic (Revision only for Materials, Methods, etc.)

 The Suggestion for the Change in Thesis Topic \* (When a comprehensive revision is made)

\*In order for the thesis to be finalized, the student must be successful in registering for the thesis study for four semesters and at least three Thesis Monitoring Committee reports must have been submitted after the thesis proposal is accepted.

|  |  |  |  |
| --- | --- | --- | --- |
| PRESENT THESIS | Title / Name | Turkish |   |
| English |   |

|  |  |
| --- | --- |
| The Reason for the Change  |    |
| SUGGESTED THESIS | Title / Name | Turkish |   |
| English |   |

|  |  |
| --- | --- |
| Date:   /  /20   **Coordinator of Thesis**Name and Surname *Signature*  | Date:   /  /20   **Head of the Department** Name and Surname *Signature*  |

*This Section Will Be Filled in When Thesis Topic Changes.*

|  |  |  |  |
| --- | --- | --- | --- |
| **RESULT:** The PhD student whose name and surname are mentioned above submitted their thesis topic change proposal to our committee on …/…/20… and the change has been [ ]  accepted [ ]  rejected.Thesis Monitoring Committee Members,

|  |  |  |
| --- | --- | --- |
| Identity of Supervisor(Title, Name Surname,  Institution and Major. Signature) | Member(Title, Name Surname,  Institution and Major. Signature) | Member(Title, Name Surname,  Institution and Major. Signature) |

 |
| *It has been approved with the decision of the institute's board of directors, dated ....../...... /20... and numbered ..............* Prof. Dr. Mustafa KARATEPE DIRECTOR |

No Forms Will Be Filled out for Students Who Will Change Their Thesis Name During the Defense Exam.