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 the Thesis Topic Change, if there will be a complete change in the thesis topic, the student must have met requirement of being successful in the 2 semesters with the new thesis topic.

|  |  |  |  |
| --- | --- | --- | --- |
| 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*  | It has been approved by the decision of the Department Board dated ....../...... /20... and numbered .............**Head of the Department** Name and Surname *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.