

ATILIM UNIVERSITY

GRADUATE SCHOOL OF SOCIAL SCIENCES

### THESIS ADVISOR REQUEST/CHANGE FORM

Student ID:

Student:

Program:

Current Advisor:

Approvel/Signuture:

Thesis Advisor Suggestions:

1-

2-

3-

/ /20

Student’s Signature

Phone:

Email: @

APPROVAL OF THE DEPARTMENT

The thesis title proposed by the student whose information is listed above has been approved.

/ / 20 \_\_\_

Department Chair