

B-1



**ATILIM UNIVERSITY  
GRADUATE SCHOOL OF SOCIAL SCIENCES  
THESIS ADVISOR REQUEST/CHANGE FORM**

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Student ID:

Student:

Program:

Current Advisor:

Approval/Signature:

Thesis Advisor Suggestions:

1- \_\_\_\_\_

2- \_\_\_\_\_

3- \_\_\_\_\_

\_\_\_ / \_\_\_ /20\_\_\_

Student's Signature

Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

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**APPROVAL OF THE DEPARTMENT**

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

\_\_\_ / \_\_\_ / 20 \_\_\_

Department Chair