

ATILIM UNIVERSITY

GRADUATE SCHOOL OF HEALTH SCIENCES

### THESIS ADVISOR APPOINTMENT FORM

Student ID:

Student name and surname:

Program:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Advisor** | **Title** | **Name & surname** | **Institution** | **Department** | **Signature** |
| **Thesis advisor**  |  |  |  |  |  |
| **Co-advisor** |  |  |  |  |  |

**Thesis Advisor Suggestions:**

1-

2-

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 Student’s Signature

**Phone:**

**Email:** @

APPROVAL OF THE DEPARTMENT

The thesis advisor and co-advisor of the student whose information has been written above were approved.

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 Department Chair