**Date:…..**

**Number:……….**

**STUDENT’S**

|  |  |
| --- | --- |
| **Name Surname** |  |
| **T.R. İdentification Number** |  |
| **Student Number** |  |
| **Programme** | ( ) MA ( ) PhD |
| **Department** |  |
| **Field** |  |
| **Current Advisor** |  | Signature |
| **Unit** |  |

I am a master's / doctoral student at the course / thesis stage registered in the field of ………………… at the Graduate Education Institute. I request ………………… to be appointed as my Thesis Advisor instead of …………………. I supply your requirement.

New Advisor

Title Name and Surname

Signature

 Current Advisor

Title Name and Surname

Signature

**TO THE DİRECTORATE OF GRADUATE EDUCATION INSTITUTE**

**Number:………… …. .…. Date:…../…..20……**

In accordance with the Tokat Gaziosmanpaşa University Graduate Education and Training Regulation, 9/3 article, it is suggested that the above-mentioned faculty member be appointed as the new thesis advisor to the student, whose information is given above, unanimously / by majority of votes.

**BOARD MEMBERS OF THE DEPARTMENT**

|  |
| --- |
| (signature) ( Title Name and SurnameHead) |
| (signature) ( Title Name and SurnameMember) | (signature) ( Title Name and SurnameMember) |
| (signature) ( Title Name and SurnameMember) | (signature) ( Title Name and SurnameMember) |