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| amblem | **ÇANKAYA UNIVERSITY**  **Graduate School of Social Sciences** **Thesis/Project Proposal and Supervisor Appointment Form** |

Please fill in this form by choosing appropriate items and typing. The student should send the correctly filled form to the supervisor. Then, the supervisor will send it to the department chair.

**Part I. Student, Program, Thesis/Project and Supervisor Information. Student and Supervisor Approval.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Student Number** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | | | **Program Name and Type** | | | Choose program name and type. | | |
| **Student Name** |  | | | | **Signature** | | |  | | |
| **Thesis/ Project Started in** | | | | | | | | **Date** | | |
| Choose semester. | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | / |  |  |  |  | | | | | Click or tap to enter a date. | | |
| **Title of the Thesis/Project** | | | Enter the title of the thesis/project. | | | | | | | |  |  |  |  |  |  |  |  |
| *I hereby certify that the proposed research statement entitled “ ” for degree is original to the best of my knowledge.* | | | | | | | | | | |  |  |  |  |  |  |  |  |
| **Aim, Scope and Methods** | | | | | | | | | | |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| **Expected Results** | | | | | | | | | | |
|  | | | | | | | | | | |
| **References** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Supervisor Name** | |  | | | | **Title** | Choose a title. | | | |
| **Department** | | Choose a department. | | | | **Signature** |  | | **Date** |  |
| **Co-supervisor Name** | |  | | | | **Title** | Choose a title. | | | |
| **Institution**  ***Give full address if other than Çankaya University*** | |  | | | | | | | | |
| **Department** | |  | | | | **Signature** |  | | **Date** |  |

**Part II. Approvals of the Department Chair, Thesis Specialist and the Director of Institute.**

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| **Department Chair** |  | **Signature** |  | **Date** |  |
| **Thesis Specialist** |  | **Signature** |  | **Date** |  |
| **Director of Institute** |  | **Signature** |  | **Date** |  |

The department should send the signed form to Graduate School of Social Sciences.