|  |  |
| --- | --- |
| amblem | **ÇANKAYA UNIVERSITY****Graduate School of Natural and Applied Sciences****Thesis/Project Title/Supervisor/Co-supervisor Change Form** |

This form should be filled if there is only a change in the Title/Supervisor/Co-supervisor of a Thesis/Project study. Please fill in the form completely and submit the Printed Copy, which has the approval of the Department Chair, to the Director's Office. Upon the arrival of the copy, the application will be processed. Incomplete application forms will be returned to the Department.

**Part I. Student & Thesis/Project Information.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Number** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

 | **Student Name** |  | **Program** |
|  | Choose program name and type. |
| **Signature** |  |
| **Thesis/ Project Started in** | **Type of Change** |
|

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | / |  |  |  |  |

 | Choose semester. | Choose type of change |
| **Justification for Change** *Attach a report, if needed.* |  |  |  |  |  |  |  |  |
|  |
| **Title of the Thesis/Project** | **Former** | Enter former title |
| **New** | Enter new title |
| **FORMER** | **Supervisor** **Name** |  | **Title** | Choose a title. |
| **Department** | Choose a department. | **Signature** |  | **Date** |  |
| **NEW** | **Supervisor****Name** |  | **Title** | Choose a title. |
| **Department** | Choose a department. | **Signature** |  | **Date** |  |
| **FORMER** | **Co-supervisor Name** |  | **Title** | Choose a title. |
| **Institution*****Give full address if other than Çankaya University.*** |  |
| **Department** |  | **Signature** |  | **Date** |  |
| **NEW** | **Co-supervisor** **Name** |  | **Title** | Choose a title. |
| **Institution*****Give full address if other than Çankaya University.*** |  |
| **Department** |  | **Signature** |  | **Date** |  |

**Part III. Approvals of Department Chair, Thesis Specialist and Graduate School.**

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

The department should send the signed form to Graduate School of Natural and Applied Sciences.