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|   OSTİM TECHNICAL UNIVERSITY  GRADUATE SCHOOL OF ENGINEERING AND SCIENCESPETITION FOR TIME EXTENSION |
|  …/…/20..

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| Student's  |
| Number  |  |
| Name - Surname |  |
| Status | [ ]  Master's Thesis Student      [ ]  Doctoral Student      [ ]  Research Assistant |
| Department |  |
| Course Year-Semester | 20.../20… | [ ]  Fall                            [ ]  Spring |
| Institute Registration Date | ..../..../20…. |

……………………………… TO THE HEAD OF DEPARTMENTWith the paragraph added to Article 35 of the Graduate Education and Training Regulation published in the Official Gazette dated 20/04/2016 and numbered 29690, it is stated that “(8) In case of disasters and epidemics, postgraduate students who are at the **thesis writing period** can be given a time extension of one semester, if they apply again according to the stage of the disaster or epidemic, one more semester -at most two semesters- can be given by the Higher Education Institutions, these time extensions are not counted within the maximum period.” I have used an extension of time before / I have never used an extension of time before I request an extension of time for one term in the Fall Semester of the 2021-2022 Academic Year. Kindly submitted to your information.  **Student**                                                                                                                                                                  (Name, Surname, Signature)

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|  …../…./2021It is appropriate to give an extension of time of 1 (one) semester in the Fall semester of 2021-2022 to the maximum education period of the student in the thesis stage whose information is written above.      **Supervisor:**Title / Name Surname |
| …../…./2021It is appropriate to give an extension of time of 1 (one) semester in the Fall semester of 2021-2022 to the maximum education period of the student in the thesis stage whose information is written above.                                                                                                                                                       **Head of Department**Title / Name Surname |
| **DECISION OF THE BOARD OF DIRECTORS OF THE INSTITUTE Decision No:** Date : ......./....../2021        **APPROVED**     **NOT APPROVED**Director of the Institute |
| DESCRIPTIONS1. This petition must be signed by the student and the advisor and submitted to the relevant Department. 2. The department should send the petition to the Institute Directorate via Electronic Document Management System (EDMS). 3. **Students in the thesis period can benefit from the** extension of time.4. Petitions that are not filled in the computer environment will not be processed.  |