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| **OSTİM TECHNICAL UNIVERSITY**INSTITUTE OF NATURAL AND APPLIED SCIENCESREQUEST FOR CHANGE OF THESIS TITLE |
|  I-STUDENT INFORMATION

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| Student:  |
| Number  |  |
| Name Surname |  |
| Department |  |
| Program | [ ] Master's Degree with Thesis  [ ] PhD.  [ ]  Integrated PhD |
| Advisor's Title, Name and Surname |  |

II- INFORMATION ON THE CHANGE OF THESIS TITLE

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| Title of the Thesis (Current) |  |
| English Title of the Thesis (Current) |  |
| Title of the Thesis (Recommended) |  |
| English Title of the Thesis (Recommended) |  |
| Reason for Thesis Title Change |  |
| Keywords |  |
| English Keywords |  |

TO THE HEAD OF THE DEPARTMENT......./....../20...We kindly request you to submit the issue of acceptance of the thesis title change to the Institute Directorate.

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| Student | 1. Advisor | 1. Member of the Thesis Monitoring Committee | 2. Member of the Thesis Monitoring Committee | **2**. Advisor (if assigned) |

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TO THE DIRECTORATE OF INSTITUTE NATURAL AND APPLIED SCIENCES......./....../20.....The request of the student whose information is given above for the Thesis Title Change has been approved by our Department and I kindly request the acceptance of the necessary change.**Title Name Surname Signature**

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|  | Head of the Department |

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|  INSTITUTE ADMINISTRATIVE BOARD DECISION Decision No: Date : ...../....../20….**APPROVED NOT APPROVED**Asst. Prof. Hikmet BAL Director of the Institute |
| Description:1. If there is a comprehensive change of subject, **Form YL 2 (Thesis Suggestion Form)** should be added for Master's students.
2. In the PhD program, Thesis Monitoring Committee members shall sign the document.
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