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| **OSTİM TECHNICAL UNIVERSITY**  INSTITUTE OF NATURAL AND APPLIED SCIENCES  REQUEST FOR CHANGE OF THESIS TITLE |
| I-STUDENT INFORMATION  |  |  | | --- | --- | | 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  |  |  | | --- | --- | | 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.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Student | 1. Advisor | 1. Member of the Thesis Monitoring Committee | 2. Member of the Thesis Monitoring Committee | **2**. Advisor (if assigned) |  |  |  | | --- | --- | |  |  |  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**   |  |  | | --- | --- | |  | Head of the Department | |
| 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. |