**…/… /20..**

**TO INSTITUTE OF OF HEALTH SCIENCES ADMINISTRATION**

 The advisor recommendation for **Thesis Master Program Student** ……………………………………… , whose information is stated below, is hereby submitted by ‘Department’s Academic Council’s Decision’ accompanied by the request.

 For your information and necessary action.

 **Head of Department**

 **Title Full Name**

 **(Signature)**

 **STUDENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Full Name** | **Department** | **Date**  | **Signature** |
|  |  |  |  |  |

 **RECOMMENDED ADVISOR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Title** – **Full Name** | **Department** | **Number of Students****Advisor Works With** | **APPROVED****Signature** |
|  | **Non-thesis****PG** | **W/Thesis****PG** | **Doctorate** |
| **Advisor** |  |  |  |  |  |  |
| **Secondary Advisor** **(If Applicable)** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **HAS THE RECOMMENDED ADVISOR****Taught At Least Two Semester of Classes at Undergraduate Level?** | [ ]  Yes | [ ]  No |
| **HAS THE SECOND RECOMMENDED SECONDARY ADVISOR****Taught At Least Two Semester of Classes at Undergraduate Level?** | [ ]  Yes | [ ]  No |

**Attachment: Department’s Academic Council’s Decision**

**ACIBADEM MEHMET ALI AYDINLAR UNIVERSITY POSTGRADUATE EDUCATION AND TRAINING BY-LAW (01.29.2017/29963)**

[**https://www.acibadem.edu.tr/sites/default/files/document/acibadem-mehmet-ali-aydinlar-universitesi-lisansustu-egitim-ogretim-ve-sinav-yonetmeligi\_0.pdf**](https://www.acibadem.edu.tr/sites/default/files/document/acibadem-mehmet-ali-aydinlar-universitesi-lisansustu-egitim-ogretim-ve-sinav-yonetmeligi_0.pdf)