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| **Student’s Full Name and Number** |  |  |
| **Department** |  |
| **Program Name** |  |
| **Phone / E-Mail** |  |  |
| **Thesis Advisor**  | Title- Full Name- University-Faculty-Department-E-Mail |
| **Beginning Date of the Thesis** |  |

 **Thesis Subject Change Thesis Title Change**

**CHANGE IN MSc THESIS TITLE/ SUBJECT**

|  |
| --- |
| **Previous Thesis Title or Subject** |
|  |
| **Reason For the Change** |
|  |
| **Proposed Thesis Title** *(Title should not exceed 150 characters with space and symbolic characters -, /,+,β, and upper and lower symbols should not be used)* |
|  |
| **Proposed Thesis Subject,** **Authenticity and Scientific Importance** *(References should be numbered and placed in the text, content should not be less than 250, more than 400 words, should adequately express the scope of the thesis. Thesis subject must be genuine and compatible with the program.)* |
|  |
| **References***(The numbered references in the text should be in alphabetical order)* |
|  |

 **Student Advisor**

**Full Name Title Full Name**

 **(Signature) (Signature)**

**Head of Department**

**Title Full Name**

**(Signature)**

|  |
| --- |
| **General information about thesis subject:***(If the subject of the thesis should be changed)* |
|  |
| **Purpose, hypotheses, authenticity and scientific importance of the research:** |
|  |
| **Authenticity of the research and the final point that is planned to reach:** |
|  |
| **Research plan and methods:** |
|  |
| **Research opportunities:** |
|  |
| **Evaluation of data:** |
|  |
| **References:** |
|  |
| **Statement about Ethics Comittee permissions that are required to do the thesis:** |
|  |
| **Resources to do the thesis (support provided from institution/clinic/laboratory):** |
|  |

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

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