**… /… /20..**

**TO INSTITUTE OF HEALTH SCIENCES ADMINISTRATION**

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

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 Four Semesters of Classes at Undergraduate Level? | [ ]  Yes | [ ]  No |
| Taught at Least Two Semesters of Classes at Graduate Level? | [ ]  Yes | [ ]  No |
| **HAS THE RECOMMENDED SECONDARY ADVISOR**  | Taught At Least Four Semesters of Classes at Undergraduate Level? | [ ]  Yes | [ ]  No |
| Taught at Least Two Semesters of Classes at Graduate Level? | [ ]  Yes | [ ]  No |

 **Attachments:**

1. Academic Council’s Decision
2. Grade Status Report

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

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