**… / … / 20..**

**TO INSTITUTE OF HEALTH SCIENCES ADMINISTRATION**

The advisor replacement request of Doctoral student …….…………………………… ,whose information is stated below, along with the signed approvals of the related academicians, are sanctioned by ‘Department’s Academic Council’s Decision’ and the reasoning is defined below.

For your information and necessary action.

**Head of Department**

**Title - Full Name**

**(Signature)**

**REASON:** ………………………………………………………………………………………………………………

**STUDENT’S THESIS SUBJECT TITLE THAT WAS APPROVED BY THE BOARD OF DIRECTORS:**

(For Students at Thesis Level)**: ……………………………………………………………………………………....**

Will continue with the above thesis subject  A new thesis subject will be determined

**STUDENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number** | **Full Name** | **Department** | **Semester** | **Date** | **Signature** |
|  |  |  | Course  Thesis |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ADVISORS** | **Title - Full Name** | **Department** | **Number of Students**  **Advisor Works With** | | | **APPROVED**  **Signature** |
| **Non-thesis**  **PG** | **W/Thesis**  **PG** | **Doctorate** |
| **CURRENT ADVISOR** |  |  |  |  |  |  |
| **RECOMMENDED ADVISOR** |  |  |  |  |  |  |
| **CURRENT SECONDARY ADVISOR  (if available)** |  |  |  |  |  |  |
| **RECOMMENDED SECONDARY ADVISOR  (if available)** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
| Carried-out one postgraduate thesis? | 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 |
| Carried-out one postgraduate thesis? | Yes | No |

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