**… / … / 20..**

|  |  |  |
| --- | --- | --- |
| **Student’s Full Name** |   | **Number:**  |
| **Department** |   | **Program Name:** |   |
| **Thesis Advisor** |   |
| **Second Thesis Advisor** |  Yes |  No | Title - Full Name (University-Faculty-Department-E-Mail) |
| **Phone** |   | **E-Mail:**  |

 [ ]  Thesis Monitoring/Supervision Committee [ ]  Thesis Monitoring/Supervision Committee Member Replacement

|  |  |
| --- | --- |
| **Recommended Thesis Supervision Committee** | **Signature** |
| **Advisor (Title - Full Name – University – Faculty – Department - E-Mail)** |  |
| **Member (Title - Full Name – University - Faculty - Department - E-Mail)** |  |
| **Member (Title - Full Name – University – Faculty – Department - E-Mail)** |  |

**THESIS SUPERVISION COMMITTEE REPLACEMENT**

|  |  |
| --- | --- |
| **Previous Committee Member** | **(Title - Full Name – University – Faculty – Department – E-Mail)** |
| **Reason for Replacement\***\*Reason will be written unequivocally |   |

 **Student Advisor**

 **Full Name Title Full Name**

 **Signature Signature**

 **Head of Department**

 **Title Full Name**

 **Signature**

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

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