**… / … / 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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