



**T.C.**  
**ISTANBUL GEDİK UNIVERSITY**  
**INSTITUTE OF .....**  
**2nd SUPERVISOR APPROVAL FORM**

**Date** : .../.../20...

**Student Name and Surname** :

**Signature** :

**Student Number** :

**Program** :

**Level of Program** :

|  |                              |
|--|------------------------------|
|  | <b>Master with Thesis</b>    |
|  | <b>Master without Thesis</b> |
|  | <b>Doctorate (PhD)</b>       |

**Thesis/Term Project Supervisor**

**Name and Surname** :

**Signature** :

**Second Thesis/Term Project Supervisor**

**Name and Surname** :

**Signature** :

**President of Main Branch of Science**

**Name and Surname** :

**Signature** :

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**Institute Approval (will be filled out by the secretary of institute)**

**Number of Board Decision** :

**Date of Board Decision** :