



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

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

Student Name and Surname :

Signature :

Student Number :

Program :

Level of Program :

	Master with Thesis
	Master without Thesis
	Doctorate (PhD)

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 :

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

Number of Board Decision :

Date of Board Decision :