

.../.../20...



T.C.
İSTANBUL GEDİK UNIVERSITY
INSTITUTE OF
ADDITIONAL DURATION FORM THESIS

To the Institute of,
I declare that the thesis written by with the ID
..... of the program which I
currently supervise needs additional duration to finish his/her thesis.

Reason for Additional Duration:

.....
.....

I kindly request that the necessary steps be taken for the next procedure.

PROJECT SUPERVISOR
OF SCIENCE
Name, Surname
Signature

Student Name, Surname
Signature

FINANCIAL AFFAIRS APPROVAL

Appropriate Additional Time:

1 Semester 2 Semester

Additional Payment:

Yes No

Financial Affairs
Signature