



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

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

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.

**PRESIDENT OF MAIN BRANCHES
OF SCIENCE**
Name, Surname
Signature

THESIS SUPERVISOR
Name, Surname
Signature

Student Name, Surname

FINANCIAL AFFAIRS APPROVAL

Appropriate Additional Time:

1 Semester 2 Semester

Additional Payment:

Yes No

**Financial Affairs
Signature**