

T.C.
BEYKOZ UNIVERSITY

RESEARCHER OF THE YEAR AWARD APPLICATION FORM

Application Code (<i>Leave blank</i>)	
--	--

Title, Name, Surname of the Applicant	
E-Mail Address of the Applicant	
The Unit to which the Applicant is Affiliated	
Application Unit (<i>Faculty / Institute / School / Vocational School</i>)	

Applicant's		Unit Approval	
Signature	Application Date	Faculty / Institute / School / Vocational School	Approval Date
..... / / / /