BEYKOZ UNIVERSITY

GRADUATE PROGRAMS INSTITUTE

THESIS SUBJECT FORM

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| **Student Name and Surname** |  |
| **Student Number** |  |
| **Student Graduate Program** |  |
| **Academic Semester** |  |

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| **Thesis Subject** |  |

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| **Thesis Advisor Title and Name-Surname** |  |
| **Thesis Advisor Signature** |  |
| **The Head of The Program Department Title and Name-Surname** |  |
| **Signature of The Head of The Department** |  |
| **Student Signature** |  |
| **Date** |  |