BEYKOZ UNIVERSITY

GRADUATE PROGRAMS INSTITUTE

TERM PROJECT SUBJECT FORM

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

|  |  |
| --- | --- |
| **Term Project Subject** |  |

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