BEYKOZ UNIVERSITY

GRADUATE PROGRAMS INSTITUTE

TERM PROJECT SUBJECT FORM

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

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| **Term Project Subject** |  |

|  |  |
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| **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** |  |