BEYKOZ UNIVERSITY

INSTITUTE OF GRADUATE PROGRAMS

THESIS TOPIC CHANGE FORM

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| --- | --- |
| **Student’s Full Name** |  |
| **Student Number** |  |
| **The Graduate Program You are Registered for** |  |
| **Academic Term** |  |

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| --- | --- |
| **Former Thesis Title** |  |
| **New Thesis Title** |  |

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| --- | --- |
| **Thesis Advisor’s Title and Full Name** |  |
| **Signature of the Thesis Advisor** |  |
| **Title and Full Name of the Department Head** |  |
| **Signature of the Department Head** |  |
| **Student's Signature** |  |
| **Date** |  |