BEYKOZ UNIVERSITY

INSTITUTE OF GRADUATE PROGRAMS

TERM PROJECT TOPIC DECLARATION FORM

|  |  |
| --- | --- |
| Student’s Full Name |  |
| Student Number |  |
| The Graduate Program You Are Registered For |  |
| Academic Semester |  |

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|  **Term Project Topic** |  |

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| **Title and Full Name of the Term Project Advisor**  |  |
| Signature of the Term Project Advisor |  |
| Title and Full Name of the Head of the Department |  |
| **Signature of the Head of the Department** |  |
| Student's Signature |  |
| Date |  |