



T.C.  
*Istanbul*  
YENİ YÜZYIL  
ÜNİVERSİTESİ

THE INSTITUTE OF SOCIAL SCIENCES

CHANGE OF SUPERVISOR FORM

TO THE DIRECTORATE OF THE INSTITUTE OF SOCIAL SCIENCES

I am a student of ..... Master's program with thesis and my student number is ..... I respectfully request your permission and necessity for the appointment of ..... by changing my supervisor for the reason stated below.

...../...../20.....  
(Name, Surname, Signature)

Thesis Title : .....

**JUSTIFICATION FOR CHANGE:** .....

.....

**TC Identification Number:** .....

**Telephone:** .....

**E-mail:** .....@.....

SUPERVISOR'S OPINION

The request of ....., the graduate student whom I supervise, was deemed appropriate by me.

...../...../20.....

**JUSTIFICATION:** .....

.....

.....  
(Academic Title, Name, Surname,  
Signature)

OPINION OF THE LECTURER WHO IS REQUESTED FOR SUPERVISORY

I accept the supervisory of graduate student .....

...../...../20.....

(Academic Title, Name, Surname, Signature)

This section will be filled in by the Department.

TO THE DIRECTORATE OF THE INSTITUTE OF SOCIAL SCIENCES

The request of the student identified above to change the thesis supervisor has been .....

..../..../20....

Head of the Department  
Signature