



NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF APPLIED SCIENCES
THESIS RESEARCH TOPIC ASSIGNING/CHANGING FORM

Academic Program:	M.Sc <input type="checkbox"/>	PhD <input type="checkbox"/>
Academic Year : 20..../20....	Academic Semester:	Fall <input type="checkbox"/> Spring <input type="checkbox"/>

STUDENT INFORMATION			
Name Surname:		Number:	
Program:			
Signature:		Date:	

THESIS	
Title of Thesis:	
Major Field of Study:	
Minor Field of Study:	

REQUEST*	
1. Previous Thesis Topic:	
2. Current Thesis Topic:	
3. Reason:	

APPROVAL		
Supervisor	Signature	Date
Co-Supervisor	Signature	Date
Chairperson of the Program	Signature	Date
Director of Graduate School of Applied Sciences	Signature	Date

*Should be filled in if the Thesis topic is to be changed.