



**NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF APPLIED SCIENCES**

THESIS SUPERVISOR 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:	

REQUEST	
1. Previously Appointed Supervisor/ Co-Supervisor*:	
2. Currently Requested Supervisor/ Co-Supervisor:	
3. Requested Supervisor's/ Co-Supervisor's Department:	
4. Research Area:	
4. Reason*:	

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

*No need to assign a supervisor.