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| amblem | **ÇANKAYA UNIVERSITY**  **Graduate School of Social Sciences** **Thesis/Project Proposal and Supervisor Appointment Form** |

**PART I. Student, Program, Thesis/Project, Supervisor Information** *(To be filled by the student****)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Student Number:\*** | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | **Program Name and Type:\*** | | Choose program name and type. | | | |
| **Student Name:\*** | |  | | **Thesis Entry Form Reference Number:** | |  | | | |
| **I consent to the use of my student email for the purpose of similarity check within the scope of the Personal Data Protection and Processing Policy**. | | | | | | | | | |
| **Date:** |  | | | | **Signature:** | |  | | |
| **Assignment of Thesis Supervisor/Co-supervisor for the first time** | | | | | | | | | |  |  |  |  |  |  |  |  |
| **Supervisor :** | | |  | | | | | **Title:\*** | Choose a title. |  |  |  |  |  |  |  |  |
| **Co-supervisor:** | | |  | | | | | **Title:\*** | Choose a title. |  |  |  |  |  |  |  |  |
| **Proposal of Thesis/Project Title for the first time** | | | | | | | | | |  |  |  |  |  |  |  |  |
| **Title of the Thesis/Project:\*** | | |  | | | | | | |  |  |  |  |  |  |  |  |
| *I hereby certify that the proposed research for PhD / Master’s degree is original to the best of my knowledge.* | | | | | | | | | |  |  |  |  |  |  |  |  |
| **Aim, Scope and Methods\*** | | | | | | | | | |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |  |
| **Expected Results\*** | | | | | | | | | |
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| **References\*** | | | | | | | | | |
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**PART III. Approval of the Supervisor**

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| **Supervisor Name:\*** |  | **Title:\*** | Choose a title. | | |
| **Department:\*** | Choose a department. | **Signature:\*** |  | **Date:\*** |  |
| **Co-supervisor Name:** |  | **Title:** | Choose a title. | | |
| **Institution*:***  *Give full address if other than Çankaya University* |  | | | | |
| **Department:** |  | **Signature:** |  | **Date:** |  |

**PART III. Approval of the Department Chair**

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| **Department Chair:** |  | **Signature:** |  | **Date:** |  |

**NOTES:**

**1. ALL RELEVANT FIELDS SHOULD BE FILLED IN *(\* FIELDS ARE REQUIRED).***

**2. THE STUDENT SHOULD FILL IN THIS FORM ON THE COMPUTER IN CONSULTATION WITH THE SUPERVISOR AND HAND IT IN TO THE DEPARTMENT.**

**3. AFTER APPROVAL, THIS FORM SHOULD BE SENT TO THE GRADUATE SCHOOL OF SOCIAL SCIENCES VIA *EBYS*.**

**4. GRADUATE SCHOOL WILL NOT ACCEPT INCOMPLETE OR/AND HAND WRITTEN FORM.**