

**YEDİTEPE UNIVERSITY**

**INSTITUTE OF HEALTH SCIENCES**

**REQUEST FORM FOR THE CHANGE OF PROGRAM FROM THESIS/WITHOUT THESIS TO THESIS/ WITHOUT THESIS**

 **…../…../201…**

Student’s

Name-Surname : ..................................................................................

Number : ..................................................................................

Telephone : ..................................................................................

e-mail : ..................................................................................

Department : ..................................................................................

I would like to inform you about the request for the change of my program from thesis / non-thesis to thesis / non-thesis. Thank you for considering my application.

Student’s Signature

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| --- | --- | --- |
| Approval of Head of the Department : |   Suitable [ ]  |   Non-suitable [ ]  |

Head of Department Signature Date