

**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

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

Head of Department Signature Date