

**YEDİTEPE UNIVERSITY**

**INSTITUTE OF HEALTH SCIENCES**

**REQUEST FORM FOR CHANGE OF THESIS SUBJECT**

 **…../…../201**

Student’s

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

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

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

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

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

Old Topic of Thesis : ..................................................................................

New Topic of Thesis : ...................................................................................

I would like to inform you about the new topic of my thesis should be changed that mentioned above.

…………………..Signature

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

Head of Department Signature Date

**Note: Thesis Proposal Form must be filled again. (For Master Thesis, M-2; Ph.D Thesis, D-5)**