



T.C.
ISTANBUL AYDIN UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
2nd SUPERVISOR APPROVAL FORM

Date : .../.../20...

Student Name and Surname :

Signature :

Student Number :

Program :

Level of Program :

| | |
|--|------------------------------|
| | Master with Thesis |
| | Master without Thesis |
| | Doctorate (PhD) |

First Thesis/Term Project Supervisor

Name and Surname :

Signature :

Second Thesis/Term Project Supervisor

Name and Surname :

Signature :

President of Main Branch of Science

Name and Surname :

Signature :

Institute of Social Sciences (will be filled out by the secretary of institute)

Number of Board Decision :

Date of Board Decision :