

..../.../20...



T.C.
İSTANBUL AYDIN UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
ADDITIONAL DURATION FORM PROJECT

To the Institute of Social Sciences,

I declare that the Project written by with the ID of the without thesis program which I currently supervise needs additional duration to finish his/her project.

Reason for Additional Duration:

.....
.....

I kindly request that the necessary steps will be taken for the next procedure.

**PRESIDENT OF MAIN BRANCHES
OF SCIENCE**

Name, Surname
Signature

PROJECT SUPERVISOR

Name, Surname
Signature

Student Name, Surname

STUDENT'S FILE INFORMATION: This part will be filled by student affairs (graduate)

Student Number :
Date of Registration :
Degree :
Suspend Study Number :
Suspend study time (if there is) :
Additional Duration (used/ non-used) :
Project Admission Date :

Student Affairs Signature

FINANCIAL AFFAIRS APPROVAL

Appropriate additional time:

1 Semester 2 Semester

Additional payment:

Yes No

Financial Affairs Signature