

T.C. İSTANBUL AYDIN UNIVERSITY DEFENSE DATE FORM

To the Institute of Social Sciences,
As the result of meeting with defense jury members; the defense exam for the
student with the ID of the
Program which I currently supervise, will take place at//20, ato`clock.
I kindly request that the necessary steps be taken for the next procedure.
Sincerely,
Thesis Supervisor
Name – Surname
Signature
Thesis Topic:
•••••••••••••••••••••••••••••••••••••••
••••••
Institute of Social Sciences Approval
Number of Board Decision :
Date of Board Decision :