**APPROVAL FORM FOR SECONDARY SUPERVISOR**

Date : …/…/20…

Student Name- Last Name :

Signature :

Student Number :

Program :

|  |  |
| --- | --- |
|  |  Master’s with Thesis |
|  |  Master’s without Thesis |
|  |  Doctoral (PhD) |

Program Level :

Primary Thesis/Term Project Supervisor

Name-Last Name :

Signature :

Secondary Thesis/Term Project Supervisor

Name-Last Name :

Signature :

President of Main Branch of Science

Name-Last Name :

Signature :