



APPROVAL FORM FOR SECONDARY SUPERVISOR

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

Student Name- Last Name :

Signature :

Student Number :

Program :

Program Level :

	Master's with Thesis
	Master's without Thesis
	Doctoral (PhD)

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 :