



SUPERVISOR APPROVAL FORM

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

Student Name-Last Name :

Signature :

Student Number :

Program :

Program Level :

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

Thesis/ Term Project Supervisor

Name-Last Name :

Signature :

President of the Main Branches of Science

Name-Last Name :

Signature :