**SUPERVISOR APPROVAL FORM**

Date : …/…/20…

Student Name-Last Name :

Signature :

Student Number :

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

Program :

Program Level :

Thesis/ Term Project Supervisor

Name-Last Name :

Signature :

President of the Main Branches of Science

Name-Last Name :

Signature :