

.../.../20...



**T.C.**  
**İSTANBUL AYDIN UNIVERSITY**  
**INSTITUTE OF SOCIAL SCIENCES**  
**ADDITIONAL DURATION FORM THESIS**

To the Institute of Social Sciences,  
I declare that the thesis written by ..... with the ID  
..... of the ..... program which I  
currently supervise needs additional duration to finish his/her thesis.

**Reason for Additional Duration:**

.....  
.....

I kindly request that the necessary steps be taken for the next procedure.

**PRESIDENT OF MAIN BRANCHES  
OF SCIENCE**

**Name, Surname  
Signature**

**PROJECT SUPERVISOR**

**Name, Surname  
Signature**

**Student Name, Surname**

**STUDENT'S AFFAIRS APPORVAL: This part will be filled by student affairs (graduate)**

**Student Number** :  
**Date of Registration** :  
**Degree** :  
**Suspend Study Number** :  
**Suspend Study Time (if there is)** :  
**Additional Duration (used/ non-used)** :  
**Project Admission Date** :  
**Summary Info** :

**Student Affairs Signature**

**FINANCIAL AFFAIRS APPROVAL**

**Appropriate Additional Time:**

1 Semester  2 Semester

**Additional Payment:**

Yes  No

**Financial Affairs  
Signature**