

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



T.C.
ISTANBUL AYDIN UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
SURVEY PERMISSION PETITION

I. Student Information

Name:		Department:	
Surname:		Program:	
Student Number:		Level:	<input type="checkbox"/> PhD <input type="checkbox"/> Masters
Thesis Supervisor:		Date:	

II. Thesis Information

Thesis Topic:	
Surveys that will be implemented	

The places and persons to whom where the survey will be implemented: (Needs to be listed)

1	6
2	7
3	8
4	9
5	10

Signature

Student First and Last Name

Signature

Thesis Supervisor Name and Last Name

Signature

**Appropriate
President of the Main Branches
of Science
Name and Last Name**

Attachment: 1 Survey Form, 1 Thesis Proposal.