

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



T.C.
İSTANBUL AYDIN UNIVERSITY
DEFENSE DATE FORM

To the Institute of Social Sciences,

As the result of meeting with defense jury members; the defense exam for the student with the ID..... of the Program which I currently supervise, will take place at .../.../20..., at.....O`clock. I kindly request that the necessary steps be taken for the next procedure.

Sincerely,

Thesis Supervisor

Name – Surname

Signature

Thesis Topic:

.....
.....
.....

Institute of Social Sciences Approval

Number of Board Decision :

Date of Board Decision :