



SUPERVISOR CHANGE FORM

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

Student Name-Last Name :

Signature :

Student Number :

Program :

Program Level :

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

Current Thesis / Term Project Supervisor

Name-Last Name :

Signature :

Proposed Thesis / Term Project Supervisor

Name-Last Name :

Signature :

President of Main Branch of Science

Name-Last Name :

Signature :