



## 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 :