

**GR.47 Requesting Approval of Thesis Publishing for
Graduation in a Master's Degree Program**

Name-Surname Mr./ Mrs./ Miss

ID Number / M

field of study

Faculty / Institute / College

Contact student by Tel.Fax.....e-mail.....

Major Advisor Prof./ Assoc. Prof./ Asst. Prof./ Dr.

Title of Thesis has been approved by Dean on date

Thesis Defence Examination: Not yet taken exam.

Examination taken on (date).....

Passed Passed with conditions

Requesting approval of thesis publishing :

Academic journal (attach 1 copy of the latest issue)

1. Journal

2. Owner

Academic Conference (attach 1 copy of the announcement of the conference)

1. Name of conference

international conference national conference

2. Organizer

3. End of abstract submission (on date)

4. End of full paper submission (on date)

5. Conference date.....

Conference venue.....

6. This conference has published proceeding: Yes No

Signature for student/Date.....

Comment of Major advisor

Should be submitted for consideration by the Dean.

Signature..... for Major advisor/ Date.....