

GR.47 Form Submitted to the Faculty of Graduate Studies
Requesting Approval of Thesis Publishing for Graduation in a Master's Degree Program

Name-Surname Mr./ Mrs./ Miss

ID Number / M

Master's Program / field of Study

Faculty / Institute / College

Student's Contact Details: Phone.....Fax.....e-mail.....

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

Thesis Title

Thesis Defence Examination: Examination Taken on

Passed Passed with Conditions Not yet taken exam

Submitting an article entitled: (enclose manuscript with application) entitled.....

Thesis Publishing for Graduation in a Master's Degree Program

Name of Journal or Printed matter.....

(attach 1 copy of latest issue)

Name of Academic Conference (which must have Proceedings).....

Organizer.....

Date.....

Venue.....

(attach 1 copy of the announcement of the conference)

Student's signature Date.....

Major advisor's signature..... Date.....

Program Director's signature..... Date.....