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|  Cyprus International University Institute of Graduate Studies and Research   |
| **FORM OF THESIS / PROJECT SUPERVISOR**  |
|  |
| **Student Number:**  |   |  **Name -** **Surname:**   |   |
| **Department :**  |   |  **Master with Thesis**  **with Project**   |
|  **Ph.D.**   |
| **Address:**  |   | **Phone:**  | **E-Mail:**  |
| **Thesis Title:**  |   |
|  **Student Signature: Date :**   |
|  **Supervisor:**  |   | **Department /Faculty:**  |   |
| **Contact Information:**  | **Office:**   | **GSM:**  | **E-Mail:**   |
|  **Supervisor Signature: Date :**   |
| **Second Supervisor:**  |   | **Department /Faculty:**  |   |
| **Contact Information:**  | **Office:**   | **GSM:**  | **E-Mail:**  |
| **Second Supervisor Signature : Date :**   |
| **Head of Department**  |   | **Department /Faculty:**  |   |
| **Contact Information:**  | **Office:**   | **GSM:**  | **E-Mail:**  |
| **Signature Head of Department: Date :**  |
| **Decision of the Institute Board of Directors: Date :**  |

 **Prof. Dr. Osman YILMAZ**

 **Director of the Institute**