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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**