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|  **T.C.****SELÇUK UNIVERSITY****INSTITUTE OF HEALTH SCIENCES**  |
|  **TO THE DEPARTMENT OF …………………..………………. Click here for the date**I would like the scientist I recommend to be appointed as the second advisor in order to support and contribute to the thesis study of my student, whose thesis advisor I am conducting and whose information is given below.I would like to ask for your attention.   **Name-Surname of the Advisor** **SIGNATURE**  |
| **ÖĞRENCİ BİLGİLERİ** |
| **Name Surname** | Click or tap here to enter text. |
| **Student Numer** | Click or tap here to enter text. |
| **Telephone** | Click or tap here to enter text. |
| **Program** | [ ]  **Doctorate** [ ]  **Master’s Degree** [ ]  **Non-Thesis Master’s Degree** |
| **Title of Thesis** | Click or tap here to enter text. |
| **Thesis Proposal Graduate School Board of Directors acceptance date** | **Click or tap here to enter date.** |
| **RATIONALE** | Click or tap here to enter text. |
| **PROPOSED SECOND ADVISOR (MAY BE FROM OUTSIDE THE UNIVERSITY)** |
| **Title, Name -Surname** | **University** | **Faculty**  | **Department** |
|  |  |  |  |
| **EXPLANATION** |
| 1. This form is submitted to the Department. **Department Board Decision** is taken and sent to the Graduate School with a cover letter.
2. This form must be filled in on the computer and signed with a blue ink pen.
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| **S.Ü. GRADUATE - EDUCATION AND TRAINING REGULATION**Article 14 (5) In cases where the nature of the thesis study requires more than one thesis advisor, a second advisor may be appointed by the institute board of directors upon the recommendation of the advisor and the EAB / department of art board. The second advisor can also be selected from outside the university staff with at least a doctorate / proficiency in art degree. |
| **Sağlık Bilimleri Enstitüsü Müdürlüğü** **Konya / TÜRKİYE** | **E – Mail : sagbil@selcuk.edu.tr** | **Telephone: +90 332 2232453** **Fax : +90 332 2410551** |