**…/… /20..**

**TO INSTITUTE OF OF HEALTH SCIENCES ADMINISTRATION**

The advisor recommendation for **Thesis Master Program Student** ……………………………………… , whose information is stated below, is hereby submitted by ‘Department’s Academic Council’s Decision’ accompanied by the request.

For your information and necessary action.

**Head of Department**

**Title Full Name**

**(Signature)**

**STUDENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Full Name** | **Department** | **Date** | **Signature** |
|  |  |  |  |  |

**RECOMMENDED ADVISOR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Title** – **Full Name** | **Department** | **Number of Students**  **Advisor Works With** | | | **APPROVED**  **Signature** |
|  | **Non-thesis**  **PG** | **W/Thesis**  **PG** | **Doctorate** |
| **Advisor** |  |  |  |  |  |  |
| **Secondary Advisor**  **(If Applicable)** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **HAS THE RECOMMENDED ADVISOR**  **Taught At Least Two Semester of Classes at Undergraduate Level?** | Yes | No |
| **HAS THE SECOND RECOMMENDED SECONDARY ADVISOR**  **Taught At Least Two Semester of Classes at Undergraduate Level?** | Yes | No |

**Attachment: Department’s Academic Council’s Decision**

**ACIBADEM MEHMET ALI AYDINLAR UNIVERSITY POSTGRADUATE EDUCATION AND TRAINING BY-LAW (01.29.2017/29963)**

[**https://www.acibadem.edu.tr/sites/default/files/document/acibadem-mehmet-ali-aydinlar-universitesi-lisansustu-egitim-ogretim-ve-sinav-yonetmeligi\_0.pdf**](https://www.acibadem.edu.tr/sites/default/files/document/acibadem-mehmet-ali-aydinlar-universitesi-lisansustu-egitim-ogretim-ve-sinav-yonetmeligi_0.pdf)