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| **Student’s Full Name and Number** |  |  |
| **Department** |  | |
| **Program Name** |  | |
| **Phone / E-Mail** |  |  |
| **Thesis Advisor** | Title - Full Name – University – Faculty – Department - E-Mail | |
| **Beginning Date of the Thesis** |  | |

**Thesis Subject Change Thesis Title Change**

**CHANGE IN Ph.D. THESIS TITLE/ SUBJECT**

|  |
| --- |
| **Previous thesis title or subject**  *(Must be filled-out if the thesis title or subject will change).* |
|  |
| **Reason for the change**  *(Must be filled-out if the thesis title or subject will change).* |
|  |
| **Proposed Thesis Title**  *(Title should not exceed 150 characters with space and symbolic characters -, /,+,β, and upper and lower symbols should not be used).* |
|  |
| **Proposed Thesis Subject, Authenticity and Scientific Importance**  *(References should be numbered and placed in the text, content should not be less than 250, more than 400 words, should adequately express the scope of the thesis. Thesis subject must be genuine and compatible with the program.)* |
|  |
| **References**  *(The numbered references in the text should be in alphabetical order).* |
|  |

**Student Advisor**

**Full Name Title - Full Name**

**(Signature) (Signature)**

**Head of Department**

**Title - Full Name**

**(Signature)**

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| **General information about thesis subject:** |
|  |
| **Purpose, hypothesis, authenticity and scientific importance of the research:** |
|  |
| **Authenticity of the research andthe final point that is planned to reach:** |
|  |
| **Research plan and methods:** |
|  |
| **Research opportunities:** |
|  |
| **Evaluation of data:** |
|  |
| **References:** |
|  |
| **Statement about Ethics Comittee permissions that are required to do the thesis:** |
|  |
| **Resources to do the thesis (support provided from institution/clinic/laboratory):** |
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