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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** | |
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| **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. | | | | | | |
| **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** | |