**FORM NO – 5.7. THESIS TITLE CHANGE FORM**

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|  **T.C.****SELÇUK UNIVERSITY****DIRECTORATE OF HEALTH SCIENCES INSTITUTE** |

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| 1. **STUDENT INFORMATION**
 |
| **Name-Surname** | Click or tap here to enter text. |
| **Student No** | Click or tap here to enter text. |
| **Department** | Click or tap here to enter text. |
| **Advisor** | Click or tap here to enter text. |
| **2nd Thesis advisor (if any)** | Click or tap here to enter text. |

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| **2. THESIS TITLE INFORMATION** |
| **Old thesis title**  | Click or tap here to enter text. |
| New thesis title (Turkish) | Click or tap here to enter text. |
| New thesis title (English) | Click or tap here to enter text. |

**It has been decided by ☐ unanimous vote / ☐ majority vote to change the title of the thesis of the student whose identity is specified above, with the recommendation of the thesis defense exam jury members.**

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| 1. **Members of Thesis Defense Jury**
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| **Jury Members** | **Title, Name-Surname** | **University/Department** | **Signature** |
| **Member****(Advisor)** | Click or tap here to enter text. | Click or tap here to enter text. |  |
| **Member** | Click or tap here to enter text. | Click or tap here to enter text. |  |
| **Member** | Click or tap here to enter text. | Click or tap here to enter text. |  |

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| 1. **The decision on the change of thesis title should be written below with its justification.**
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| Click or tap here to enter text. |

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| 1. **ETHICS COMMITTEE**
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| **In case the title of the thesis is changed; the decision of the ethics committee that the change is deemed appropriate must be brought when requesting a graduation decision.** |

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