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| **T.C.**  **SELÇUK UNIVERSITY**  **INSTITUTE OF HEALTH SCIENCES** | | | | | |
| **TO THE DEPARTMENT OF …………………..………………. Click here for the date**  I have the right to enroll in your department in the fall semester of 20… - 20...Academic Year. The faculty members I have suggested as 1-2-3-........ in the order of priority stated below are presented, and I declare that I will accept the appointment of another faculty member by the Head of the Department if the faculty members I prefer below cannot meet the Advisor criteria.  I kindly request you to take necessary action.  **Student’s Signature**  **Name Surname** | | | | | |
| **STUDENT INFORMATION** | | | | | |
| **T.R. Identity No** | | Click or tap here to enter text. | | | |
| **Name Surname** | | Click or tap here to enter text. | | | |
| **Department** | | Click or tap here to enter text. | | | |
| **Telephone** | | Click or tap here to enter text. | | | |
| **Program** | | **Doctorate  Master’s Degree** | | | |
| **Institute Entrance Score and Rank** | | Click or tap here to enter text. | | | |
| **PREFERENCE OF FIELD OF STUDY** | | | | | |
| **Scientific Field** | | Click or tap here to enter text. | | | |
| **THIS SECTION WILL BE FILLED BY THE RELEVANT DEPARTMENT** | | | | | |
| **FACULTY MEMBERS WHO WILL ACT AS ADVISORS** | | | | | |
| **Name Surname NUMBER OF AVAILABLE CONSULTANCIES** | | | | | |
| 1. | | Doctorate :  Master’s Degree : | | | |
| 2. | | Doctorate :  Master’s Degree : | | | |
| 3. | | Doctorate :  Master’s Degree : | | | |
| \*\*\* It can be increased according to the number of faculty members in the department. | | | | | |
| **THIS SECTION WILL BE FILLED BY THE STUDENT** | | | | | |
| **SUGGESTED CONSULTANT’S NAMES** | | | | | |
| **Title – Name Surname** | | **Department** | | **Field of Specialization** | |
|  | |  | |  | |
|  | |  | |  | |
| \*\*\* Preference will be made up to the number of faculty members who will serve as advisors. | | | | | |
| **HEAD OF DEPARTMENT** | | | | | |
| **Title – Name Surname** | | | | **Signature - Stamp** | |
|  | | | | **APPROVED** | |
| **EXPLANATION** | | | |
| 1. This form is submitted to the related Department. **Department Board Decision** is taken and sent to the Graduate School with a cover letter. 2. Students studying in Scientific Preparatory Programs cannot be assigned an advisor. 3. In order for a faculty member to serve as a consultant in doctoral programs, he/she must have at least one article published in journals within the scope of E-SCI, SCI, SCI-expanded, SSCI, AHCI, Area Index or TR index, or at least one book published in his/her field of science, or at least one patent in his/her field of science in the last three years. 4. The number of advisorships carried out by a faculty member at the same time cannot exceed 14. A faculty member who currently has more than 14 advisors will not be assigned as a new advisor. 5. If the same advisor appears more than once in the advisor list proposed by the student, the Graduate School Entrance Score and Ranking are taken into consideration in the selection of the advisor. | | | |
| **Sağlık Bilimleri Enstitüsü Müdürlüğü**  **Konya / TÜRKİYE** | **E – Mail : sagbil@selcuk.edu.tr** | **Telephone : +90 332 2232453**  **Fax : +90 332 2410551** | |