**KIBRIS SAĞLIK VE TOPLUM BİLİMLERİ ÜNİVERSİTESİ**

**CYPRUS HEALTH AND SOCIAL SCIENCES UNIVERSITY**

**Lisansüstü Programlar**

**Graduate Studies**

**Danışman Atama Formu**

**Supervisor Appointment Form**

**Tarih/Date: ....../……/…….**

**\_\_\_\_\_\_\_\_\_\_\_\_Akademik Yılı /Academic Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dönemi/ Semester**

Öğrenci Adı/Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Öğrenci No/StudentID #: \_\_\_\_\_\_\_\_\_\_\_ Anabilim Dalı/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENSTİTÜ /GRADUATE SCHOOL**:

Sosyal Bilimler/Social Sciences Eğitim Bilimleri/Educational Sciences

Fen Bilimleri/Applied Sciences Sağlık Bilimleri/Health Sciences

**Seviye/Level:**  Yüksek Lisans/MA Doktora/PhD

**Danışmanlık Türü/Supervision Type**: Proje/Project Tez/Thesis

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Eş Danışman/ Co-supervisor İmza/Signature Ana Bilim Dalı /Department

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Akademik Danışman/AcademicAdvisor İmza/Signature Ana Bilim Dalı /Department

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Enstitü Müdürü

Head of the Department