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| **Student Information** |
| Student’s Name and Surname |  | Student ID Number |  |
| Program Title |  |
| Academic year and semester |  | Signature Date |  |
|  |
|  **Thesis Supervisor** |
| Title, Name and Surname |  |
| Institution/Department and program |  |
| Contact Information |  |
| Signature Date |  |

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|  **Thesis Co-supervisor (If any)** |
| Title, Name and Surname |  |
| Institution/Department and program |  |
| Contact Information |  |
| Signature Date |  |

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|  **Approval** |
| Department Chair*Title, Name and Surname* |  | Signature Date |  |
| Dean/Director*Title, Name and Surname* |  | Signature Date |  |

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| **Approval of the Institute** |
| Director*Title, Name and Surname* |  | Signature Date |  |