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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 |  |