



International Burch University
Faculty of Engineering and Information Technologies

Final Work
Supervisor/Co-Supervisor Appointment Form

The Electronic Copy of the form should be filled in, and the student should submit **two Printed Copies** of the completed form to the related Faculty. Incomplete forms will be returned to the student. Upon the acceptance form, the the related Faculty will finalize the request.

Part I. Student

Student No		Student's Name		Date of Application	
		Department		Student's Signature	
Program		Academic Year and Semester			
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Master's	Academic Year	20 <input type="checkbox"/> / 20 <input type="checkbox"/>	Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring

Part II. Final Work Supervisor

Supervisor Name		Academic Title	<input type="checkbox"/> Assist. Prof.	<input type="checkbox"/> Assoc. Prof.	<input type="checkbox"/> Prof.
Department		Signature		Date	

Part III. Co-Supervisor

Co-Supervisor Name		Academic Title	<input type="checkbox"/> Assist. Prof.	<input type="checkbox"/> Assoc. Prof.	<input type="checkbox"/> Prof.
Institution		E-mail			
Department		Date			
Address		Signature			
Telephone		Contribution by Final Work Supervisor/Co-Supervisor			

Part IV. Approval of the Department Head

The above mentioned academician(s) has/have been appointed as the final work supervisor/co-supervisor for the student whose name is given above.

Head of Department Title and Name		Signature		Date	
--------------------------------------	--	-----------	--	------	--

Part V. Approval of the Faculty

Dean of the Faculty Title and Name		Signature		Date	
---------------------------------------	--	-----------	--	------	--