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|--|---|---------------|---------------|
|  | FINAL WORK | Code | SAO.4.1.0 ENG |
| | SUPERVISOR/CO-SUPERVISOR APPOINTMENT | Adoption date | 12/09/2016 |
| | | Revision date | - |
| | | Pages | 1 |

Please fill in the form below electronically and submit a printed copy to the Students Affairs Office.

Please note that incomplete forms will not be accepted.

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 academic(s) has/have been appointed as the final work supervisor/co-supervisor

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