**TO DEPARTMENT OF** ………………………………………………………………….**PRESIDENCY,**

......../......../…….

I am a Master/Doctorate student at the department of …………………………………………………………… ……………………………………………...................Division …………………………………………with the student number…………………………………. I would request you to change my thesis advisor with the reasons I mentioned below.

Yours respectfully,

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Advisor** | : | …………………………………………… |  |
| **Suggested Advisor** | : | …………………………………………… |  |
|  |  |
| **Reason:……………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………….** |
|  |

 **(Student)**

 **Name-Surname**

 **Signature:**

**The acceptance statemen of the suggested advisor**: ......./......../....…

 **(Title, Name, Surname, Signature)**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………........