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| **T.C.****İSTANBUL MEDİPOL UNIVERSITY**  **GRADUATE SCHOOL OF SOCIAL SCIENCES** **STUDENT TERM PROJECT PROPOSAL FORM** |
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| Student Name- Last Name: |  |
| Student ID: |  |
| Program Name: |  |
| Proposal of Term Project Advisor:  |  |
| Proposal of Term Project: |  |

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|  Approved By Student Name- Last Name: Term Project AdvisorApproved ByHead of Department |