



Cyprus International University
Institute of Graduate Studies and Research

Supervisor Change Form By The Student's Request

To the DEPARTMENT

I am a Master's/Ph.D. student in the semester of the department with the student number
Due to the reason/s stated below I kindly request for to be my new thesis/project supervisor.

...../...../20.....
(Name, Surname, Signature)

REASON:
.....
.....

Address:
.....
.....

Telephone: Landline:..... Work:.....
Mobile:.....

E-mail:@.....

SUPERVISOR'S OPINION

I accept the request of the Master's/Ph.D. student who has been under my supervision./...../20.....

EVALUATION:

.....
(Title, Name, Surname, Signature)

REQUESTED NEW SUPERVISOR'S OPINION

I accept the request of the Master's/Ph.D. student to be under my supervision./...../20.....

.....
(Title, Name, Surname, Signature)

PS: To be send to the Institute with the decision of Head of Department and new supervisor form