

Name/Surname:		Student Id:	
E-Mail:		Advisor:	
<input type="checkbox"/> Master's Degree with Thesis		<input type="checkbox"/> Master's Degree without Thesis	
Starting Program Year/Semester:			
Program Requirements			
Minimum Number of Courses			
Minimum Number of Local Credits			
Minimum Number of ECTS Credits			
Other Requirements (If Applicable)			

PROGRAM NAME:

**MASTER'S DEGREE
PROGRAM PLAN**

1. Semester				2. Semester				3. Semester				4. Semester			
Course Code	C/E	Credits	ECTS	Course Code	C/E	Credits	ECTS	Course Code	C/E	Credits	ECTS	Course Code	C/E	Credits	ECTS
Total				Total				Total				Total			

Note: Must be filled in according to the starting year Education Plan. At the start of the 3. Semester, the proposed plan must be sent by the Program Directorate and the final form must be resubmitted before graduation together with the T.J. form.

C: Compulsory, E: Elective

Student Signature Date Advisor Signature Date Program Director Signature Date