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