



## Faculty of Pharmacy

### B. Pharm. Graduation Thesis Proposal Form

- This form should be used if a new thesis is proposed. If there is a change in the Subject/Title/Supervisor/Co-supervisor of the ongoing thesis, please use this form again.
- Please fill in the form completely and submit the **Printed Copy**, which has the approval of the Supervisor to the Dean for Faculty of Pharmacy. Incomplete application forms will be returned to the students.
- The Dean's Office for Faculty of Pharmacy of Eastern Mediterranean University will finalize this application.

#### Part I. Student & Thesis Information [To be completed by the Student]

|                             |   |                          |   |
|-----------------------------|---|--------------------------|---|
| Student No                  | <input type="text"/>                              | Student Name and Surname | <input type="text"/>                                  |
| Starting Time of the Thesis |   |                          |   |
| Academic Year               | 20 <input type="text"/> / 20 <input type="text"/> | Semester                 | <input type="text"/> Fall <input type="text"/> Spring |
| Title of the Thesis         | <input type="text"/>                              |                          |   |
| Major Field of Study        | <input type="text"/>                              |                          |   |
| Minor Field of Study        | <input type="text"/>                              |                          |   |

#### Part II. Proposed Supervisor Information [To be completed by the Student]

|                                       |                      |
|---------------------------------------|----------------------|
| Name, Surname and Title of Supervisor | <input type="text"/> |
| Affiliating Institution               | <input type="text"/> |

- If the supervisor is invited from another institution, **Part IV** of this form must be completed.
- Please refer to **instructions** and **Rules and Regulations** related to this thesis on **Page 4** of this form or from the faculty website (<https://pharmacy.emu.edu.tr/en>).



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**Part III. Thesis Information** [To be completed by the Supervisor]

|  |                          |                                    |  |
|--|--------------------------|------------------------------------|--|
| Title of Thesis  |                          |                                    |  |
| Major Field of the study   |                          |                                    |  |
| Minor Field of the study   |                          |                                    |  |
| Starting Time of the Thesis  | Academic Year            | 20-- / 20--                        | Semester                               |
| <b>Laboratory /Studio Work Required, if any</b>  |                          |                                    |  |
|  | Laboratory / Studio Name | Description of the Lab/Studio Work |  |
| 1  |                          |                                    |  |
| 2  |                          |                                    |  |
| 3  |                          |                                    |  |
| <b>Equipment, Software and Lab Material Requirements</b>   |                          |                                    |  |
| <i>Please specify the method for satisfying your requirement if your answer is "not available".</i>  |                          |                                    |  |
| 1  |                          | <input type="checkbox"/> Available | <input type="checkbox"/> Not Available |
| 2  |                          | <input type="checkbox"/> Available | <input type="checkbox"/> Not Available |
| 3  |                          | <input type="checkbox"/> Available | <input type="checkbox"/> Not Available |
| <b>Other Requirements, if any</b>  |                          |                                    |  |
|  |                          |                                    |  |
| <b>Expected Publication upon completion of the Thesis Work</b>   |                          |                                    |  |
| <i>Check all that are applicable.</i>  |                          |                                    |  |
| <input type="checkbox"/> A paper published in an international periodical journal covered by the ISI, SCI, AHCI, or Expanded SCI.<br><input type="checkbox"/> A paper published in a national and refereed journal.<br><input type="checkbox"/> A paper published in the proceedings of an international and refereed conference or symposium held regularly.<br><input type="checkbox"/> A paper published in the proceedings of a national and refereed conference or symposium held regularly.<br><input type="checkbox"/> Others (please specify): |                          |                                    |  |



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#### Part IV. Supervisor's Institution Consent

If the Supervisor for this thesis study described in this form is affiliated to any institutions other than Eastern Mediterranean University, this section is to be filled completely, signed and stamped as instructed below.

This supervisor from your institution has agreed to supervise the thesis study of the above-mentioned student as proposed and described in parts I and III of this form. With reference to **Rules and Regulations listed in Page 4** of this form, this section seeks for the consent of your institution with the supervision of your affiliated faculty staff on the conduct of this thesis study.

- Signature of the related bodies from Supervisor's home institution equals with the consent of their institution with providing enough services for the conduct of the following thesis as follows:

|   |                              |             |  |
|---|------------------------------|-------------|--|
| Thesis Title  |                              |             |  |
| Supervisor's Name, Surname, and Title                     |                              |             |  |
| Affiliating Institution's Name                            |                              |             |  |
| <b>Dean for Faculty/School of Pharmacy</b>                | <b>Signature &amp; Stamp</b> | <b>Date</b> |  |
| Name, Surname and Title                                   |                              |             |  |
| <b>Vice-Chancellor/Director for International Affairs</b> | <b>Signature &amp; Stamp</b> | <b>Date</b> |  |
| Name, Surname and Title                                   |                              |             |  |

#### Part V. Student's Declaration on Plagiarism and Student's Approval

I am aware of the 'Principles of Research Ethics' as should be obeyed. With this knowledge, I declare that the thesis that I will submit to the Faculty of Pharmacy will be the result of my own independent work and that in all cases, any materials and/or the literature from the work of others will be fully cited and referenced as required by the academic rules and ethical conduct. I understand that if any kind of plagiarism is detected in my written work, the Faculty of Pharmacy has the right to take the case to the 'Disciplinary Committee' for necessary action. I also agree to take the above thesis as a part of my graduate study.

|         |  |           |  |      |  |
|---------|--|-----------|--|------|--|
| Student |  | Signature |  | Date |  |
|---------|--|-----------|--|------|--|

#### Part VI. Supervisor's and Co-Supervisor's Approval

|               |  |           |  |      |  |
|---------------|--|-----------|--|------|--|
| Supervisor    |  | Signature |  | Date |  |
| Co-supervisor |  | Signature |  | Date |  |

#### Part VII. Evaluation of the Faculty Graduation thesis coordinators

| Committee Member<br>Title and Name |  | Proposal                             |   | Signature |
|------------------------------------|--|--------------------------------------|---|-----------|
| Member 1<br>(Chair)                |  | <input type="checkbox"/> APPROPRIATE | <input type="checkbox"/> INAPPROPRIATE                                      |           |
| Member 2                           |  | <input type="checkbox"/> APPROPRIATE | <input type="checkbox"/> INAPPROPRIATE                                      |           |
| Member 3                           |  | <input type="checkbox"/> APPROPRIATE | <input type="checkbox"/> INAPPROPRIATE                                      |           |
| Date                               |  | Evaluation Result                    | <input type="checkbox"/> APPROPRIATE <input type="checkbox"/> INAPPROPRIATE |           |

#### Part VIII. Approval of the Dean's Office

|  |  |           |  |               |  |
|--|--|-----------|--|---------------|--|
| Dean for the Faculty<br>Title and Name |  | Signature |  | Date Received |  |
| Extra NOTES                            |  |           |  |               |  |



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#### **Rules and Regulations with the Thesis Study described in this form:**

1. Students who want to do their graduation thesis projects in another faculty in EMU or in another university **must** submit their forms to the dean's office including their thesis topics, student information, the contact information of the supervisors and the signatures of the student and the supervisor with a deadline which is the day of the **start of the classes** for each semester. Deadlines will be declared by the faculty administration at the end of the previous academic year. Signed and scanned forms which are sent via e-mail to the thesis coordinator before the deadline are accepted.
  - a. These thesis projects should also follow the same deadlines as provided below.
  - b. These thesis projects will not be funded by EMU.
2. Forms for students who want to do their thesis in another faculty, university or institute other than EMU, faculty of Pharmacy must be submitted to the dean's office by 24<sup>th</sup> of September for 2018-2019 Fall semester.
3. Important deadlines for 2018/2019 academic year have been given below. The new deadlines will be determined and announced for each academic year in the beginning of that academic year.

#### **IMPORTANT DEADLINES for 2018/2019 ACADEMIC YEAR:**

|   | <b>FALL</b>       | <b>SPRING</b>     |
|---|-------------------|-------------------|
| Declaration of the number of topics which will be announced by the supervisors  | <b>02/08/2018</b> | <b>08/02/2019</b> |
| Announcement of the topics by the academic staff of the EMU Faculty of Pharmacy   | <b>01/09/2018</b> | <b>11/02/2019</b> |
| Submission of the forms for students who want to do their thesis in <u>another faculty, university or institute other than EMU, faculty of Pharmacy</u> to the dean's office: | <b>24/09/2018</b> | <b>18/02/2019</b> |
| "Graduation thesis application forms" submission to the thesis coordinator:   | <b>01/10/2018</b> | <b>25/02/2019</b> |
| Declaration of assigned thesis topics to the students   | <b>05/10/2018</b> | <b>01/03/2019</b> |
| Declaration of assigned thesis topics to the students who could not take any topic in the first application   | <b>12/10/2018</b> | <b>08/03/2019</b> |
| Date of orientation course  | <b>15/10/2018</b> | <b>11/03/2019</b> |
| Submission of the mid-term grades to the thesis coordinator   | <b>03/12/2018</b> | <b>24/04/2019</b> |
| Submission of the final grades to the thesis coordinator  | <b>15/01/2019</b> | <b>20/06/2019</b> |

#### **STUDY DURATION (minimum) in FALL SEMESTER (2018/2019)**

Study weeks until mid-term: **6 weeks** (05/10/2018 – 21/11/2018)  
Study weeks between mid-term and finals: **4 weeks** (01/12/2018 – 03/01/2019)  
Total: ..... **10 weeks**

#### **STUDY DURATION (minimum) in SPRING SEMESTER (2018/2019)**

Study weeks until mid-term: **5 weeks** (01/03/2019 – 11/04/2019)  
Study weeks between mid-term and finals: **5 weeks** (22/04/2019 – 31/05/2019)  
Total: ..... **10 weeks**

4. Thesis writing guidelines and rules and regulations can be accessed from Pharmacy faculty website (<https://pharmacy.emu.edu.tr/en>) under Rules and Regulations section.