 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]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| StudentNo |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Student Name andSurname |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Starting Time of the Thesis |  |
| Academic Year |  | 20 |  |  |  | / 20 |  |  |  |  | Semester |  |  | Fall |  | Spring |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Title of the Thesis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  Major Field of Study |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Part II. Proposed Supervisor Information** [To be completed by the Student]

|  |  |
| --- | --- |
| Name, Surname and Title of Supervisor |  |
| Affiliating InstutionE-mail address (Official) |  |

* If the supervisor is invited from another institution, Part III 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)](https://pharmacy.emu.edu.tr/en).

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**Part III. 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 Instution’s Name |  |

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| **Dean for Faculty/School of Pharmacy** | **Signature & Stamp** | **Date** |  |
| Name, Surname and Title |  |  |  |

**Part IV. 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.

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| Student |  | Signature |  | Date |  |
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**Part V. Supervisor’s and Co-Supervisor’s Approval**

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| --- | --- | --- | --- | --- | --- |
| Supervisor |  | Signature |  | Date |  |
|  |  |  |  |  |  |
| Co-supervisor |  | Signature |  | Date |  |
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| **Part VI. Eva** | **luation of the Faculty Graduation thesis committee** |  |  |  |  |
|  |  |  | Committee Member |  |  |  | Proposal |  |  | Signature |  |
|  |  |  | **Title and Name** |  |  |  |  |  |  |
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| Member 1(Chair) |  |  |  |  |  |  | APPROPRIATE |  | INAPPROPRIATE |  |  |  |
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| Member 2 |  |  |  |  |  |  | APPROPRIATE |  | INAPPROPRIATE |  |
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|  | Member 3 |  |  |  |  |  |  |  | APPROPRIATE |  | INAPPROPRIATE |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date |  |  |  | Evaluation Result |  |  |  | APPROPRIATE |  | INAPPROPRIATE |
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**Part VII. Approval of the Dean’s Office**

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|  | Dean for the |  |  |  | Signature |  |  |  | Date |  |  |
|  | Faculty |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Received |  |  |
|  | **Title and Name** |  |  |  |  |  |  |  |  |  |
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