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| **111** | **FIRAT UNİVERSİTY****FACULTY OF VETERİNARY****GRADUATION THESIS****REQUEST AND APPROVAL FORM** | logoveteriner |
| **STUDENT’S** |
| **Name, Surname:**………………………………………**Faculty Number:**……………………………………… |
| **ADVISOR** |
|   I accept the duty of being the ADVISOR for the graduation thesis to be submitted by the aforementioned student in the 10th semester of the 2024–2025 Academic Year. …./…../20….  |
| Title, Name, Surname:………………………………… Signature:…………………………   |
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