

**SAN-TEZ
PROJECTS
POST GRADUATE/GRADUATE STUDENT
INFORMATION FORM**

Project Code :
Project Title :
.....

Scholar's :

Name and Surname :

T.R. Identity No :

Tax Office and Tax No:

Bank Name :

Branch Name and Code :

Account No :

Education Program :

Post Graduate Student ☐

Graduate Student ☐

Does the student work on salary? : Yes ☐ No ☐

Term of scholarship : .../... /20... - ... / ... /20... (Total..... Months)

Month of Scholarship Payment :

Monthly Scholarship Amount to be Paid : TL

To Related University Department,

The student, whose information is given above, is involved with the project under my coordination for the purpose of practice related to his/her thesis. Kindly please take necessary action to ensure monthly scholarship payment for the term defined.

I hereby declare that the information given above is correct and I pledge that I will duly notify the related department in case of any change that may occur in this information.

Project Coordinator

Signature

Date

..... / ... /20...

I hereby pledge and declare that I do not receive scholarship from **another project** in effect, supported by “**T.R. Ministry of Industry and Trade**”.

Scholar

Signature

Date

..... / ... /20...

**Annex: 1. Student certificate(Approved by University)
2. Identity Card Photocopy**

