

**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

