

NOTIFICATION OF EMPLOYMENT OF SCHOLARSHIP GRADUATE STUDENTS IN PROJECTS FORM

I hereby declare related information on employment of following graduate students in the project and the offer regarding the graduate student scholarship amounts.

Project Title

Project S.U. Code

Student Name

Student  
Number\*

\*If not a SU Student, related  
University – Faculty

☐ MS ☐ PhD

TR Identity No

Term of  
Scholarship

/ / ----- / /

Bank Details

Bank Name and Branch:

Account No:

Scholarship Options (more than one option may be checked)	Amount / Related Term
<input type="checkbox"/> ( Cash Scholarship)	TL
<input type="checkbox"/> (Dormitory /Transportation Support)	20.. / 20.. <input type="checkbox"/> 1 <sup>st</sup> term <input type="checkbox"/> 2 <sup>nd</sup> term
<input type="checkbox"/> (Tuition Exemption)	20.. / 20.. <input type="checkbox"/> 1 <sup>st</sup> term <input type="checkbox"/> 2 <sup>nd</sup> term
<input type="checkbox"/> Thesis term tuition **	TL <input type="checkbox"/> 1 <sup>st</sup> term 20.../20... <input type="checkbox"/> 2 <sup>nd</sup> term
<input type="checkbox"/> Other	<input type="checkbox"/> Technology payment TL <input type="checkbox"/> _____ (identify) TL

\*\* Only for SU students

To be filled out by Related Faculty Administration  
Manager

☐ Student does not receive other scholarship from faculty  
(Initials \_\_\_\_\_)

Project Coordinator Name

Signature