



REQUEST FORM FOR ABSTRACT APPROVAL

Faculty of Public Health

For Applicant (MPH / Dr.P.H.)

Name-Surname Mr./Mrs./Miss

Student ID Number

Contact :

Mobile Number

E-mail address

Thesis Title

.....

Date of taken Thesis Defense Examination

Signature.....(student)

Date.....

For Language Specialist

Requesting Approval for Abstract

Passed

Document must be solved

1).....

2).....

3).....

Signature.....

(Mr. William Coombes)

Date.....