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T.C.
ANKARA MEDIPOL UNIVERSITY
FACULTY OF PHARMACY

BACHELOR'S DISSERTATION TOPIC SELECTION FORM

Student Number :_____
Student Name Surname :_____
Advisor :_____

WEIGHTED AVERAGE GRADE:

1st choice	**Name Of Faculty Member:** **Subject Name:**	**6th choice**	**Name Of Faculty Member:** **Subject Name:**
2nd choice	**Name Of Faculty Member:** **Subject Name:**	**7th choice**	**Name Of Faculty Member:** **Subject Name:**
3rd choice	**Name Of Faculty Member:** **Subject Name:**	**8th choice**	**Name Of Faculty Member:** **Subject Name:**
4th choice	**Name Of Faculty Member:** **Subject Name:**	**9th choice**	**Name Of Faculty Member:** **Subject Name:**
5th choice	**Name Of Faculty Member:** **Subject Name:**	**10th choice**	**Name Of Faculty Member:** **Subject Name:**

*A maximum of 5 (five) preferences can be made from the same department.

Student Signature **Advisor Signature**