**Lecturer’s Application Form  
Graduate Scholarship as of Fiscal Year 2020, for International Students  
Enrolled in the First Semester of Academic Year 2020**

1. **Thesis Advisor’s Personal Information**

Name (First Name and Surname) ……………………………………..……...……. Age …..….. (If lecturers are above 58 years of age, as of 1 October 2020, or lecturers who receive a permission to extend a civil service period or renew a contact over 60 years of age, they must receive consent from their Head of Department allowing that selected lecturers can use facilities and equipment until their international students graduate.)

Highest Education Level ……………………………………..………………………….………… Advisor Code …….…………….

Academic Title …………………………………..…………………………………….… Department ………………….……….…………

Faculty ……………………………….………………………….…………………………… Campus …………………….………………………

Telephone Number …………………………………………………………….. Email ….……………………………….………...………..

Name of Applicant Student …………………………………………………………….. Student’s ID ……………………………...

1. **Awards and/or Scholarships Received Record**

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**3. Publications in international journals in the last five (5) years,** which must not be pieces of work that were written in order to complete your graduation (**publications during the period 2016-2020 only**), together with names of international journal database (ISI or Scopus) and their impact factors. **Missing international journal database names or impact factors will result in uncategorized database or no impact factor of those publications.**

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| --- | --- | --- | --- | --- | --- |
| **Year** | **Author’s Name** | **Title** | **Journal Title** | **Published in databases:** | |
| **ISI (Please specify impact factor)** | **SCOPUS** |
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**4. Work experience as thesis advisor** (list only work as chairperson/thesis advisor)

1. Master’s degree: Number of students graduated …………..., Number of students studying ……………...…
2. Doctoral degree: Number of students graduated …….…….., Number of students studying ……………..…

**5. Confirmation from thesis advisor**

1. I hereby certify that this student is not receiving full scholarships from any other source.
2. I am hereby willing to sign my name as a scholarship receiver, will pay monthly the scholarship received to the student, willing to take care of my student, and to abide by the scholarship terms and conditions, thatis, the student is obliged to publish his/her thesis as announced in this scholarship announcement, before he/she can graduate.

**6. I hereby certify that all aforementioned information provided in this application form is totally true.**

Signature …………………………………………… Applicant (lecturer)

(……………………………………………)

Date ………… /……………………… / 2020