**Istinye University Faculty of Pharmacy**

**Social Security Project Course**

**Planning Form**

**Project Request**

|  |  |
| --- | --- |
| **Name AND Surname** |  |
| **Student Number:** |  |
| **Dpartment /Program** |  |
| **Subject of the Request** |  |

**Projenin Adı**

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**Project Name**

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| *Please summarize in the context of purpose, activity and result.* |

**Project Objective**

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**Project Advisor**

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**Project Team Information**

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| --- | --- | --- |
| Name and Surname | Number | e-mail Signature |
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**Project Stakeholders**

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| **1**  **2**  **3** |

**Project Target Audience**

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**Place of Implementation of the Project**

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**Project Activities**

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| *Each main activity planned to be carried out within the scope of the Project.* |

**Project Outcomes**

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| *Changes in the status of the target audience at the end of the project.* |

|  |  |  |
| --- | --- | --- |
| **Academic Advisor** | | **Signature** |
| **Title / Name and Surname** |  |  |
| **Academic Course Supervisor** | | **Signature** |
| **Title /Name and Surname** |  |  |