**Istinye University Faculty of Pharmacy**

**Graduation Project Planning Form**

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| **Project advisor** | | **Signature** |
| **Title/Name and Surname** |  |  |

**Information of Second Consultant on the project (if present)**

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**Student Credentials**

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| **Name surname** |  |
| **Student number** |  |
| **E-mail** |  |
| **Telephone** |  |

**Project Title**

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**Summary of the Project**

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| *Summarize it in the context of the original value, purpose, activity and result.* |

**Research Project Methodology**

**Review Experimental**

**Methodology:**

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**Location of Project Activities**

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