

 …/…./20..

**To the MIDDLE EAST TECHNICAL UNIVERSITY**

**Directorate/ Department /Office of ………………………………………….**

I would like to carry out project activities under DOSAP-C with one of the faculty members of your department, XXXXX, as my advisor.

In the negotiations I had with Head of Department of ................ (Department), ...............Dean, ................Faculty, I have been verbally informed that my appointment at METU between ......... and............. (dates) under DOSAP-C is applicable.

I kindly request that the necessary correspondence is initiated for my appointment so that I can work full-time/part-time/...day(s) per month (per week) with ............. (advisor) under DOSAP-C.

Sincerely.

Full Name

Signature