



T.R.
USKUDAR UNIVERSITY
INSTITUTE OF
MASTER'S THESIS JURY APPOINTMENT FORM

dd / mm /202...

TO THE HEAD OF THE DEPARTMENT OF

As I have been the advisor of the student named, and numbered as with the Graduate Program, and its topic “.....” has completed his/her thesis. I hereby kindly submit to your information the necessity for the thesis examination jury to be formed from the faculty members specified in the table below.

Thesis Advisor
(Name, Surname-Signature)

Approval

Head of the Department
(First, Last Name, Signature)

Jurors:

- | | |
|----|---|
| 1. | (Consultant-Member) (..... University) |
| 2. | (Member) (Uskudar University) |
| 3. | (Member) (.....University / Unincorporated) |
| 4. | (Alternate Member) (Uskudar University) |

Exam Date : dd / mm / 202....

Exam Time :

Exam Place :

Notice:

* The Consultant cannot be the Jury President.

** Transcript must be submitted along with the Jury Appointment Form.

*** The student who successfully passes the Thesis Defense Exam should apply to the Institute Secretariat before having the thesis bound and have a format check.