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| --- | --- |
| Name, Last Name |  |
| Doctoral Program |  |
| Student No |  |
| Thesis Topic\* |  |
| Doctoral Qualification Exam Date |  |

**IMPORTANT NOTE:** This form must be submitted to the Institute by the Department Chair within one (1) month after the student has successfully passed the proficiency exam.

**Recommended Thesis Monitoring Committee\*\*\*\***

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|  | Title, Name, Last Name | Institution |
| Thesis Advisor |  |  |
| Member |  |  |
| Member (Non-Institutional) |  |  |

\*\* The thesis monitoring committee consists of three faculty members. In addition to the thesis advisor, the committee includes one member from the relevant department of the institute and one member from outside the university. If there is a second thesis advisor, the second thesis advisor may attend committee meetings without voting rights if they wish.

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| **The Doctoral Thesis Monitoring Committee for the aforementioned student is recommended above. I hereby submit this information for your consideration.**  …/…/202...  **Signature**  **Title - Name and Surname**  **Head of Department** |