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| --- | --- |
| Name, Surname |  |
| Student Number |  |
| Doctoral Programme |  |
| Thesis Advisor |  |
| Thesis Topic |  |

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| It is appropriate for the aforementioned student to take the doctoral thesis defence exam on ……./……./20…. (\*)  ......./…../20…...    Signature  Title/Name Surname  Thesis Advisor  Approval  Signature  Title/Name  Head of Department |

(\*) Before the student is admitted to the defence, it is the responsibility of the Advisor/Department Chair to verify that the student has met the minimum requirements for graduation, the courses taken, the number of thesis follow-up reports, and the ECTS check.

(\*\*) For doctoral theses deemed suitable for defence by the thesis advisor, the Doctoral Thesis Committee Appointment Form must also be submitted to the Institute.