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| **Name of Doctoral Programme** |  |

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| **Suggested Members\*** | **Title Name Surname** |
| Member of the Doctoral Qualification Committee |  |
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| Member of the Doctoral Qualification Committee |  |

\* All members of the Doctoral Qualification Committee must be full-time faculty members (Prof/Assoc Prof/Asst Prof).

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| **The Doctoral Qualification Committee is recommended for the above-mentioned doctoral programme.**  **I kindly submitted for your information.** |
| .…/.…/202.. |
| **Signature** |
|  |
| **Title Name Surname** |
| **Head of Department** |