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| --- | --- |
| Name Surname |  |
| Student No |  |
| Programme |  |
| Academic Semester | 202.. - 202.. □ Autumn □ Spring |

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| **The Doctoral Qualification Committee met on .../...../202... and, after evaluating the student's performance in the qualification exam as described in the attached report and the recommendations of the exam jury, decided by unanimous/majority vote that the student had** **Successful Unsuccessful** **We kindly submitted this information for your consideration.****Whether the student needs to take additional courses;****Necessary Not Necessary****Course 1: Course 2: Course 3:** |
| **Doctoral Qualification Committee 1st Member****Signature** **Title** **Name Surname** | **Doctoral Qualification Committee 2nd Member****Signature****Title** **Name** **Surname** | **Doctoral Qualification Committee 3rd Member****Signature****Title** **Name Surname** | **Doctoral Qualification Committee 4th Member****Signature****Title** **Name Surname** | **Doctoral Qualification Committee 5th Member****Signature****Title Name** **Surname** |

**IMPORTANT NOTE:**

**Submission:** This form must be submitted to the institute directorate together with the evaluation form belonging to the doctoral qualification jury within 3 (THREE) working days from the date of the examination.