|  |  |
| --- | --- |
| 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.