

T.R. USKUDAR UNIVERSITY

GRADUATE SCHOOL OF HEALTH SCIENCES

**MASTER'S THESIS JURY APPOINTMENT FORM**

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| .. / ….. /202… TO THE HEAD OF THE DEPARTMENT OF ....................................................................................  As I have been the advisor of the student named , and numbered  as ………… with the Graduate Program ,  and its topic “ ” has completed his/her  thesis. I hereby kindly submit to your information the necessity for the thesis examination jury to be formed from the faculty members specified in the table below.  **Thesis Advisor (Name, Surname-Signature)** |
| **Approval**  **Head of the Department (First, Last Name, Signature)** |

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| --- | --- | --- | --- |
| **Jurors:** | | | |
| **1.** (Consultant-Member) ( University) | | | |
| **2.** (Member) (Uskudar University) | | | |
| **3.** (Member) ( University / Unincorporated) | | | |
| **4.** (Alternate Member) (Uskudar University) | | | |
| **Exam Date** | : | **…/ … / 202.…** | **Exam Time** : |
| **Exam Place** | : |  |  |

**Notice:**

\* The Consultant cannot be the Jury President.

\*\* Transcript must be submitted along with the Jury Appointment Form.

**\*\*\*** The student who successfully passes the Thesis Defense Exam should apply to the Institute Secretariat before having the thesis bound and have a format check.

ÜÜ.FR.277 Revision No:0 (13.07.2021)