

**To the Directorate of the Department   ……**

The thesis titled “……..”, prepared by the graduate student with information below, has been completed. It has been determined that the student fulfills all other conditions in accordance with the relevant regulations, and it is recommended that the student be taken to the thesis defense exam at the date, time and place specified by the jury members below. The full text of the thesis is presented in the attachment of our article. I kindly request you to take necessary action. ... / ... / 20 ..

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| --- | --- |
| **Signature** | **Signature** |
| **Title-Name-Surname** | **Title-Name-Surname** |
| **Of the Supervisor** | **Of the head of the department** |

**Student’s**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student ID Number/**  **Name and Surname** | : |  | **Discipline** | : |  |
| **Department** | : |  | **Phone Number** | : |  |

**Head of the Jury**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Member** | **Title Name Surname** | **Department** | **E-Mail** |
| **Supervisor** |  |  |  |

**In-House Recommended Jury Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Member** | **Title Name Surname** | **Department** | **E-Mail** |
| **Principal Member** |  |  |  |
| **Substitute Member** |  |  |  |

**Out of the Institution Recommended Jury Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Member** | **Title Name Surname** | **Department** | **E-Mail** |
| **Principal Member** |  |  |  |
| **Substitute Member** |  |  |  |

**Proposed Date of Thesis Defense Exam: /… / 20 Hour:… .. Place:… ..**

**Attachment: CD of the Thesis Full Text (1 Piece).**