



**MASTER'S THESIS JURY
AND EXAM DATE PROPOSAL FORM**

The faculty members whose names, departments, titles and university information has been given below are proposed as the Master's Thesis Jury to conduct the thesis defense exam for, the graduate student at the..... graduate program of your graduate school at the..... campus on / /20..... (**), at :

Kindly submitted for your information and action.

Head of the Department

Date: /..... / 20....

Signature:

MASTER'S THESIS JURY PROPOSAL(*)

Title, Name- Surname

University

JURY MEMBERS:

1. ADVISOR :
2. MEMBER :
3. MEMBER :

SUBSTITUTE JURY MEMBERS:

1. MEMBER :
2. MEMBER :

(*) Master's thesis defense jury is formed of minimum three faculty members including the advisor, at least one of which is outside the institution. In case the jury consists of three people, the co-advisor cannot be a jury member. If the thesis co-advisor is also the jury member, then it shall be formed of five permanent members.

(**)Defense Exam must be between the dates stated in the related academic calendar.

TRANSFER TO THE BOARD OF DIRECTORS

DATE:

DIRECTOR OF THE GRADUATE SCHOOL/ SIGNATURE