

ATILIM UNIVERSITY
GRADUATE SCHOOL OF NATURAL AND APPLIED SCIENCES
NOTIFICATION FORM FOR DOCTORAL DEGREE QUALIFICATION EXAMINATION

Name-Surname of the Student: Student No:
Registered Program : Integrated Ph.D. Ph.D.
Sent by : Head of DI (Department of Graduate School)

It is understood that you have fulfilled the necessary requirements to take the Doctoral Degree Qualification Examination. It is decided by the Doctoral Qualification Committee that the Doctoral Qualification Examination Jury that has been appointed for you, for the oral , written examination, is to be made up of the following academic members. It is kindly submitted for your information.

The Doctoral Qualification Examination Jury:

Title, Name, Surname, Department/Institution of the Jury Members	Department
1.	
2.	
3.	
4.	
5.	
6. (Substitute)	
7. (Substitute)	

DI Document No: _____

_____ Date

_____ Head of DI (Graduate School)

Two copies shall be filled in.