

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

Dear .....

Student Number	Name Surname	Registered PhD Program	Thesis Supervisor	Co- Supervisor

Sent by : ..... Head of DI (Department of Graduate School)

The student of our Department of Graduate School whose name and program is given above has fulfilled all the requirements for the Doctoral Qualification Examination. You are appointed as a jury member pursuant to **Article 31-(3) of the Regulation On Atılım University Graduate Programs** to fulfil the oral  , written  examination by our Doctoral Qualification Committee. Your immediate attention to the matter is appreciated.

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.