

**ATILIM UNIVERSITY  
GRADUATE SCHOOL OF NATURAL AND APPLIED SCIENCES  
M.SC. THESIS/PH.D. DISSERTATION JURY APPOINTMENT FORM**

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

Our department's ..... numbered M.Sc  / Integrated Ph.D  / Ph.D.  student ..... has completed his/her thesis/dissertation study and fulfilled all other requirements set forth by the related Regulations. Student's thesis/dissertation on ..... is accepted by his/her Thesis/Dissertation Supervisor ..... and Co-Supervisor ..... to be defended before the jury. It is proposed to set the jury among the following names in order to investigate the thesis/dissertation and to subject the student to exam about his/her thesis/dissertation.

Date on which the student has taken the Proficiency Exam: ...../...../.....

In case the jury members are accepted, it is proposed the dissertation defense to be realized on ...../...../..... between .....- .....

- Master thesis jury is appointed with proposal of the related EABD and decision of the concerned EYK. The jury is composed of three or five faculty members consisting of student's advisor and at least one from o another higher education institution. In case jury consists of three members, the second thesis advisor shall not be member of jury.
- Doctoral thesis committee is appointed with proposal of the related EABD and decision of the concerned EYK. The jury is composed of five faculty members including student's thesis advisor and thesis monitoring committee members. Two faculty members outside university shall be assigned to the jury. In addition, two alternate members shall be appointed to the jury outside university.

Permanent Members				
	Title Name Surname (*)	Institution / Department	e-mail	Mobile Phone
1				
2				
3				
4				
5				

\*Members of the Dissertation Supervising Committee shall be highlighted.

Substitute Members				
	Title, Name Surname (*)	Institution / Department	e-mail	Mobile Phone
1				
2				

Shall be filled in in case of any change of the jury members

Permanent Members				
	Title Name Surname (*)	Institution / Department	e-mail	Mobile Phone
1				
2				
3				
4				
5				

\*Members of the Dissertation Supervising Committee shall be highlighted.

Substitute Members				
	Title, Name Surname (*)	Institution / Department	e-mail	Mobile Phone
1				
2				

\_\_\_\_\_ Date                      \_\_\_\_\_ Thesis/Dissertation Supervisor                      \_\_\_\_\_ Head of DI

DI Document No: \_\_\_\_\_ Appendix: \_\_\_\_\_

DECISION OF THE BOARD OF GRADUATE SCHOOL: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Decision: \_\_\_\_\_  
\_\_\_\_\_ Date                      \_\_\_\_\_ Director of Graduate School

