

**ATILIM UNIVERSITY**  
**GRADUATE SCHOOL OF NATURAL AND APPLIED SCIENCES**  
**NOTIFICATION FORM FOR THE LIST OF STUDENTS TAKING DOCTORAL QUALIFYING EXAM**

Sent to : Graduate School of Natural and Applied Sciences

Sent by : ..... Department of Graduate School

Below-listed integrated PhD/PhD program students will take the Doctoral Qualifying Exam in **May** .....  / **December** ..... , and **their petitions and jury appointment forms are attached** (Form-10-a).

No	Student ID No	Student: Name/Surname	Successfully Passed Courses / Indicate the number of semesters attended/ CGPA	Foreign Language Proficiency Certificate	Date of Foreign Language Proficiency Certificate	Foreign Language Proficiency Score	The Number of Doctoral Qualifying Exam Taken
1			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				
2			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				
3			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				
4			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				
5			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				
6			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				
7			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				
8			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				
9			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				
10			<input type="checkbox"/> / .....semester(s)/ ..... CGPA				

Department Document No: .....

\_\_\_\_\_ Date

\_\_\_\_\_ Head of Department

Graduate School Document No : \_\_\_\_\_

Sent to : Directorate of Registrar Office

Sent by : Graduate School of Natural and Applied Sciences

Submitted for your necessary action.

\_\_\_\_\_ Date

\_\_\_\_\_ Director of Graduate School

**Three copies shall be filled.**