

ATILIM UNIVERSITY
GRADUATE SCHOOL OF NATURAL AND APPLIED SCIENCES
JURY MEMBERSHIP NOTIFICATION FORM FOR DOCTORAL QUALIFYING EXAM

Dear

Student Number	Name Surname	Registered PhD Program (Integrated PhD/PhD)	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 Atilim 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	e-mail	Mobile Phone
1.			
2.			
3.			
4.			
5.			
6. (Substitute)			
7. (Substitute)			

DI Document No: _____

_____ Date

_____ Head of DI (Graduate School)

Two copies shall be filled in.