**ÖZYEĞİN UNIVERSITY**

**GRADUATE SCHOOL OF SOCIAL SCIENCES**

 **EVALUATION FORM FOR PHD THESIS PROPOSAL DEFENSE EXAMINATION**

TR IDENTITY NUMBER : ……………………………………………..

FULL NAME :..……………………………………………..

STUDENT NUMBER : ……………………………………………..

DEPARTMENT : ……………………………………………..

PHD PROGRAM : ……………………………………………..………………………………………

THESIS SUBJECT/TITLE : …………………………………………………………………………………….

 …………………………………………………………………………………….

The aforementioned student gave an oral defense for his/her PhD thesis proposal before the *thesis monitoring committee*. The defense record is available below.

Kind Regards,

Department Head

Date: .…. /..… /20….

Signature:

**EXAM RECORD:**

The student whose identification information is provided above gave his/her PhD Thesis Proposal Defense on ..../..../20...., and the committee decided unanimously/with an absolute majority to **ACCEPT(\*)/REQUEST REVISIONS FOR (\*\*)/REJECT(\*\*\*)** the student’s thesis proposal.

**THESIS MONITORING COMMITTEE**

ADVISOR

MEMBER MEMBER

**(\*) The thesis monitoring committee convenes at least two times a year, at least once between January and June and at least once between July and December.**

**(\*\*) Students are given one month for revisions. At the end of this period, the final decision of approval or rejection is made with an absolute majority.**

 **(\*\*\*)If the thesis proposal is rejected, the student may re-submit his/her thesis proposal at the latest within three months. Students who change their thesis subjects and advisors are re-admitted to a thesis proposal defense within six months.**  New Defense Date: …./…../20….