



**HALIÇ UNIVERSITY
INSTITUTE OF GRADUATE EDUCATION
THESIS DELIVERY REPORT**

Date...../...../.....

Name-Surname of the Student:		Student Number:
E-mail:		GSM:
Department:		Signature:
Program:	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Proficiency in Art

THESIS DELIVERY REPORT

JURORS	DATE	SIGNATURE
SUBSTITUTE MEMBERS		

- It must be submitted to the jurors at least 15 days before the exam date.