



HALIÇ UNIVERSITY
INSTITUTE OF GRADUATE EDUCATION
DEPARTMENT
DOCTORATE PROFICIENCY EXAM REPORT

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

Name-Surname of the Student:	Student Number:
E-mail:	GSM:
Department:	Signature:
Program:	

Title, Name and Surname of the Thesis			
Advisor			
Place of Exam			
Written Exam's Date		Hour:	
Oral Exam's Date		Hour:	
WRITTEN EXAM'S RESULT*	In figure		In word
ORAL EXAM'S RESULT*	In figure		In word
<p>*The student who pass the written exam can take the oral exam.</p> <p>According to the results of the exams applied in accordance with the provisions of the Article 47 (4) of Haliç University Regulation on Graduate Education and Training, our jury decided UNANIMOUSLY/BY MAJORITY OF VOTES that the above-mentioned student PASSED / FAILED the exam..</p> <p>The student is REQUIRED / NOT REQUIRED to take additional courses.*</p>			
JURORS			
Title, Name-Surname		Signature	
Advisor			
Member			
Member			
Member			
Member			

The courses to be taken by the student must be stated with a report.

APPENDICES:

Appendix1- Question and Answer Sheet for the Doctorate Proficiency Written Exam (.....Pages)

Ek2- Doctorate Proficiency Oral Exam Report (..... Pages)