

D7- Thesis Monitoring Committee Assignment Form



HALIÇ UNIVERSITY
INSTITUTE OF GRADUATE EDUCATION
..... **DEPARTMENT**
THESIS MONITORING COMMITTEE ASSIGNMENT
FORM

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

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

INSTITUTE OF GRADUATE EDUCATION

It is proposed that the Dissertation Monitoring Committee of the above-mentioned student must consist of the members whose names are given below. Kindly request you to do the needful.

| Title, Name, Surname of the Faculty Member | Associated Institute | Signature |
|--|----------------------|-----------|
| Consultant Member | | |
| Member | | |
| Member | | |

Head of the Department
(Title, Name, Surname and Signature)

Decision of the Institute Administrative Committee:

Above given proposal is approved.

| RECORDS OF DOCUMENTS | | |
|----------------------|-------------|----------|
| Date of Registry | Registry No | Appendix |
| | | |

Institute Manager
(Title, Name, Surname and Signature)