



HALIÇ UNIVERSITY
INSTITUTE OF GRADUATE EDUCATION
..... **DEPARTMENT**
THESIS MONITORING INTERIM REPORT

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

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

Thesis Advisor	:
Second Thesis Advisor (if any)	:
Student's Interim Report Date	:
Date of Committee Meeting	:
Interim Report Meeting No	:

Thesis Title:	
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Points Considered to be Insufficient by the Thesis Monitoring Committee in the Previous Reporting Period and Respective Recommendations:
Works Carried Out in This Report Period, Interim Goals Achieved:
Works Not Carried Out in This Report Period, and Reasons:

D8- Thesis Monitoring Interim Report

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Changes (If Any) Need to be Made on the Study

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Goals for the Next Report Period and Plan of the Works to be Carried Out:

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References:

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Evaluating the Thesis Study		
Works Carried Out Until the Meeting Date	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Work Plan in the Following Period	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Committee’s Evaluation regarding the Dissertation Study	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

Explanation of the Thesis Evaluation Resulted as Failed/Negative

JURORS OF THE THESIS MONITORING COMMITTEE

Name-Surname and Signature
of the Advisor

Name-Surname and Signature
(Member)

Name-Surname and Signature
(Member)

ATTACHMENTS:

- 1- Interim report form submitted by the student
- 2- Report on the reason for evaluation resulted as Failed/Negative