



TC
HALIÇ UNIVERSITY
ACADEMIC ACTIVITIES EVALUATION
COMMISSION
PROJECT SUPPORT EVALUATION FORM

Date of Release: 05.08.2020
Date of Revision: 09.01.2023
Revision No : 2

Title, Name-Surname	
School-Department/Unit	
Project title	
The supporting organization	
Project budget	
The role in the project	(.....) Coordinator (.....) Researcher
The number of researchers in the project	
Has the project agreement been signed?	(.....) Yes (.....) No
Has the school board decision been attached?	(.....) Yes (.....) No

This section shall be filled in by the Evaluation Committee Member.

RESULT/DECISION: ACCEPTED () DECLINED ()*

* If the decision is "declined", the evaluator is to provide a reason for their decision

PAYMENT COEFFICIENT: (.....)80% (.....) 20% (.....) Other

**NAME-SURNAME OF
EVALUATOR**

SIGNATURE