**…/…/20..**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student’s Full Name** |  | | | | **Number:** |
| **Department** |  | | | | |
| **Program Name** |  | | | | |
| **Phone** |  | | | **E-Mail:** | |
| **Thesis Advisor** | Title – Full Name (University – Faculty – Department - E-Mail) | | | | |
| **Second Thesis Advisor** | Yes | No | Title – Full Name (University – Faculty – Department - E-Mail) | | |
| **Thesis Review Committee Members**  (Excluding the advisor) | Title – Full Name (University – Faculty – Department – E-Mail) | | | | |
| **Meeting Location** |  | | | | |
| **Meeting Date** | … /… /20.. | | | | |
| **Presented Thesis Recomendation** |  | | | | |
| **Approved Thesis Subject**  **Recommendation** |  | | | | |

**ORAL DEFENSE REPORT**

Our jury convened on … /… /20.. at …:… a.m./p.m. ; Upon review of aforementioned student’s thesis subject recommendation, we reached following decision at the end of his/her oral examination.

Approval  Unanimous  Majority

Revision\*  Unanimous  Majority

Rejection  Unanimous  Majority

Unsuccessful (Student did not attend thesis subject recommendation exam).

**Advisor Member Member**

**Title – Full Name Title – Full Name Title – Full Name**

**(Signature) (Signature) (Signature)**

* Thesis recommendation form should be attached.
* **\*** In regards to the students, who are unsuccessful or ordered revision, each member of thesis review

committee should present their individual statements with this report. Student is allowed one

month for revision.

**ACIBADEM MEHMET ALI AYDINLAR UNIVERSITY POSTGRADUATE EDUCATION AND TRAINING BY-LAW (01.29.2017/29963)**

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