

**FENERBAHÇE UNIVERSITY GRADUATE SCHOOL**

**DETERMINING THESIS DEFENSE EXAM DATE**

# Student’s

|  |  |
| --- | --- |
| Name Surname |  |
| Student ID |  |
| Name of Department |  |

|  |  |
| --- | --- |
| Date of Thesis Defense  |  |
| Time of Thesis Defense  |  |
| Meeting Place of Thesis Jury |  |

**Members of the Jury**

|  |  |
| --- | --- |
| 1. | Advisor : |
| 2. | Jury Member : |
| 3. | Jury member : |

**Substitute Members**

|  |  |
| --- | --- |
| 1. | Jury Member : |
| 2. | Jury Member (If any) : |

We would like to inform you that we will be present at the specified date, time and place for the thesis defense exam of the student mentioned above and that the necessary exam documents are prepared.

#  Thesis Advisor

 Name Surname: Signature:

**IMPORTANT NOTICE:** The jury meets with all members within one months following the relevant decision of the Administrative Board of the Graduate School and takes the student to the defense exam. If all the members are unable to meet, then the participation of substitute members is ensured.