



STUDENT's	
Full Name	
Student ID No	
Doctoral Program	
Full Name of the the Dissertation Supervisor	
Full Name of the Dissertation Co-Supervisor (If any)	
Dissertation Title (Please write in English)	
	<input type="checkbox"/> Dissertation title has ben changed.
Date, time and place of the meeting	

DISSERTATION MONITORING COMMITTEE			
Title and Full Name		Decision	Signature
Dissertation Supervisor		<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	
Member		<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	
Member		<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	
Dissertation Co-Advisor (If any)		Holds no voting rights	

The study plan and process report of the student listed above have been evaluated by the Dissertation Monitoring Committee at the meeting held on// 202.... . The final assessment of the committee is as follows.

☐ Successful ☐ Successful

☐ With consensus ☐ By absolute majority

The Committee decided the following meeting to be held on/...../202...

DISSERTATION SUPERVISOR	
<div style="text-align: right;">Date / Name-Surname / Signature</div>	
Annex: Processes report	

UNCLASSIFIED