



TED UNIVERSITY

THESIS/DISSERTATION JURY APPOINTMENT FORM

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STUDENT'S

Full Name	
Student ID	
Program Level	<input type="checkbox"/> Master <input type="checkbox"/> Ph D.
Full Name of the Dissertation Supervisor	
Full Name of the Dissertation Co-Supervisor (If any)	
Dissertation Title (Please write in English)	

 Original / Revised Original Revised

The above listed student registered in our graduate program has completed their thesis work and satisfied all other necessary conditions in accordance with the relevant regulations. We recommend the appointment of the thesis jury composed of the following members to review the thesis and to conduct the defense examination.

PRIMARY MEMBERS			ALTERNATE MEMBERS		
No	Title, Full Name	Institution / Department	No	Title, Full Name	Institution / Department
1.			1.		
2.			2.		
3.			-	-	-
4.			-	-	-
5.			-	-	-

Note: Please clearly indicate jury members' institutions and departments. One (1) primary and one (1) alternate jury members are to be assigned from outside TED University.

THESIS SUPERVISOR	PROGRAM DIRECTOR
Course Status: <input type="checkbox"/> Student has successfully completed all coursework. <input type="checkbox"/> Student has not completed all coursework.	
Date / Name-Surname / Signature	Date / Name-Surname / Signature

DIRECTOR OF THE GRADUATE SCHOOL

Date / Name-Surname / Signature

Decision of The Executive Board of The Graduate School:

Executive Board Decision Date and No:

Description:

 Proposed Jury members are approved. Recommended change

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