



TED UNIVERSITY

DEFENSE FORM

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STUDENT'S

Full Name	
Student ID	
Graduate Program	
Full Name of the Supervisor	
Full Name of the Co-Supervisor (If any)	
Dissertation Title (Please write in English)	<input type="checkbox"/> Dissertation title has been changed.
Date, time and place of the defense	

JURY MEMBERS

Title and Full Name		Decision	Signature
Chair		<input type="checkbox"/> Pass <input type="checkbox"/> Revision <input type="checkbox"/> Fail	
Supervisor		<input type="checkbox"/> Pass <input type="checkbox"/> Revision <input type="checkbox"/> Fail	
Member		<input type="checkbox"/> Pass <input type="checkbox"/> Revision <input type="checkbox"/> Fail	

DECISION OF THE JURY

(Must be filled by the Chair of the Jury)

The jury conducted the defense examination for the thesis entitled
at on/./. In accordance with the TEDU Rules and Regulations Governing Graduate Education, questions about the thesis were directed to the student and based on all relevant assessments the jury

 With consensus By absolute majority

reached at the following decision

 APPROVED NOT APPROVED REVISION REQUIRED

Please deliver the original form to the Graduate School with an Inter-Office Memorandum via EBYS through the physical object delivery process within 3(three) days.

A retake of the defense examination, if required, must be scheduled no later than 3 (three) months after the first defense,

UNCLASSIFIED