

 TED UNIVERSITY	MASTER'S THESIS DEFENSE FORM			
	Document No	Pub. Date	Rev. No / Rev. Date	Page No
	KYS-LPE-FR-11_ENG	09.07.2021	1 / 10.02.2025	1 / 1

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 ben 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)	
<p>The jury conducted the defense examination for the thesis entitled</p> <p>.....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</p> <p><input type="checkbox"/> With consensus <input type="checkbox"/> By absolute majority</p> <p>reached at the following decision</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> REVISION REQUIRED</p>	

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,