	TED UNIVERSITY GRADUATE SCHOOL DOCTORAL QUALIFYING JURY REPORT			
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STUDENT's		
Full Name		
Student ID Number		
Doctoral Program		
Full Name of the Dissertation		
Supervisor		
Date/time of the exam	Written Exam:/	
Date/time of the exam	Oral Exam:/	
Place of the exam	Written Exam:	
Place of the exam	Oral Exam:	
The date of the previous qualifying exam (If taken before)		

## **EXAMINATION REPORT**

The student listed above is assessed in both oral and written exams by the Doctoral Qualifying Jury on ...../.... and the final decision for the student is as follows;

□ Successful

□ With Consensus

UnsuccessfulBy Absolute Majority

It has been decided.

JURY'S EVALUATION

Doctoral Qualifying	Title, Full Name	Üniversity/Department	Signature

Doctoral Qualifying Jury	Title, Full Name	Üniversity/Department	Signature
Head of the Jury /			
Member/			

## **PROGRAM DIRECTOR**

Date / Full Name / Signature