**BEYKOZ UNIVERSITY**

**INSTITUTE OF GRADUATE PROGRAMS**

**THESIS JURY SUBMISSION AND DEFENSE DATE FORM**

.…/.…/….

To the Director of the Graduate Programs Institute,

I am your student with the number …………………… in the Master's program of ………………………………………………………………… in the Department ………………………………… ………………………………………………………… of your Institute. I hereby submit my thesis titled …………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………..….

I kindly request your attention for the necessary next steps to be taken.

**Student’s**

Full Name :

Signature :

 **Full Name Date of Delivery**

1. Thesis Advisor : .…/..…/20….
2. Main Member : .…/..…/20….
3. Main Member : .…/..…/20….
4. Substitute Member : .…/..…/20….
5. Substitute Member : .…/..…/20….

Following a meeting with the thesis defense jury members for the student with the student number ……………………………, for whom I am the thesis advisor, it has been decided that his/her thesis defense exam will be held on …/.…/20.…, at ….….….

I hereby inform you of the situation and request your necessary action.

**Thesis Advisor’s**

Full Name :

Signature :