BEYKOZ UNIVERSITY

GRADUATE PROGRAMS INSTITUTE

GRADUATE DEGREE TERM PROJECT ASSESSMENT FORM

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| **ASSESSMENT YEAR AND SEMESTER** |  |
| **NAME SURNAME** |  |
| **STUDENT NUMBER** |  |
| **PROGRAM** |  |
| **GRADE POINT AVERAGE (GPA)** |  |
| **TITLE OF TERM PROJECT** |  |
| **DATE OF ASSESSMENT** |  |
| **RESULT OF ASSESSMENT****(SUCCESSFUL/FAIL)** |  |

Statement by the Parties:

* The project delivery for the period specified in this report has been completed completely.
* We have confirmed that this Project has been prepared and submitted in accordance with the Institute's Graduate Writing Guide.
* A CD or USB containing the PDF format of the term project has been delivered.

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| **ADVISOR'S TITLE** **NAME SURNAME and SIGNATURE** | **STUDENT’S NAME SURNAME AND SIGNATURE**  |
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