**ÖZYEĞİN UNIVERSITY**

**GRADUATE SCHOOL OF SOCIAL SCIENCES**

 **EVALUATION FORM FOR SECOND PHD THESIS PROPOSAL DEFENSE EXAMINATION**

TR IDENTITY NUMBER : ……………………………………………..

FULL NAME :..……………………………………………..

STUDENT NUMBER : ……………………………………………..

DEPARTMENT : ……………………………………………..

PROGRAM :

THESIS SUBJECT/TITLE : …………………………………………………………………………………….

 …………………………………………………………………………………….

The aforementioned student whose thesis proposal was rejected during the thesis proposal defense on ..../..../20..... gave a second oral defense for his/her PhD thesis proposal before the *thesis monitoring committee*. The defense record is available below.

Kind Regards,

Department Head

Date: .…. /..… /20….

Signature:

**EXAM RECORD:**

The student whose identification information is provided above gave his/her PhD Thesis Proposal Defense on ..../..../20...., and the committee decided unanimously/with an absolute majority to **ACCEPT(\*)/REJECT** the student’s thesis proposal.

**THESIS MONITORING COMMITTEE**

ADVISOR

MEMBER MEMBER

**(\*) The thesis monitoring committee convenes at least two times a year, at least once between January and June and at least once between July and December.**