|  |
| --- |
| Tarih: ....../....../20....  Sayı :..............  **TO THE INSTITUTE OF GRADUATE PROGRAMS**  Below is the evalaution report of project belonging to ………………. a student of Non-Thesis Master’s Program with the following ID number………………….  Kindly submitted to your action.  Head of the Department  Signature |
| **A. EVALUATION IN TERMS OF FORM**  **Writing format**  **Positive**  **Negative\***  **\*Title of Project (Turkish) : (Typewriting, please.)**……………………  **\*Title of Project (English) : (Typewriting, please.)**……………………  **\***Please specify the reason of negative evaluation ……………………………………………………….....………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………….  **B. SCIENTIFIC EVALUATION**  **Aim and Scope of the Project**  **Positive**  **Negative\***  **Methodology**  **Positive**  **Negative\***  **Findings**  **Positive**  **Negative\***  \* Please specify the reason of negative evaluation ……………………………………………………….....……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….  **OVERALL EVALUATION**  Accepted.  Rejected  **Supervisor Info**  Title and Full Name :  Date :  Signature :  **Note:** All Evaluation criteria must be **Positive** for the project report to be Accepted. This form must be submitted to the Head of the Department by the Related Supervisor of the students who successfully complete the 10 course + Term Project. |