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| Date: ….. /..... /20....  **FRM-0189 and FRM-0190 Should be filled together! CLEAR THIS TEXT BOX BEFORE PRINTING!**  Issue :………  **TO THE INSTITUTE OF GRADUATE PROGRAMS**  Thesis Proposal Exam Information of our Ph.D. student,………………………… with the following student number .................................. is as follows.  Kindly submitted to your information.  Head of the Department  Signature |
| **TO THE DEPARTMENT OF …………………………………….**  Below is the exam information of Thesis Proposal Defense for the student, ……………………………..  Kindly submitted for your information.    **Supervisor**  Title, Name, Surname :……………………………………………  Signature :………………….  Date :……/……/20.…  **Thesis Monitoring Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exam Format**  Title, Name, Surname :…………………………………………………………… Online Face-to-face  Title, Name, Surname:…………………………………………………………… Online Face-to-face  Title, Name, Surname:………………………………………………………… ….Online Face-to-face |
| Exam Date : ……/……/20.…  Exam Time : …………………  Exam Venue : ………………… |