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| Date: ….. /..... /20....Issue :……… **TO THE INSTITUTE OF GRADUATE PROGRAMS**Below is the meeting information of the Thesis Monitoring Committee for …………………………., a Ph.D student in our department with the following student ID number ……………. .Kindly submitted to your necessary action.  Head of the DepartmentSignature  |
| **TO THE DEPARTMENT OF ……………….**The date of the Thesis Monitoring Exam for our Ph.D student …………………………………. from the department of ……………………………… has been decided as below.I kindly submit to your information.**Academic Year** : [ ]  January – June 20.... [ ]  July – December 20....**Number of Meeting** : [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 **Supervisor**Title, Name, Surname **:** …………………………Signature **:** …………………………Date **:** ……/……/20.…**Committee**

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| **Title, Name, Surname** | **Program** | **Online/Face-to-face** |
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| **Exam Date :** ……/……/20.…**Exam Time :** ………………….**Exam Venue :** …………………. |