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