|  |
| --- |
| Date: ….. /..... /20....Issue :……… **TO THE INSTITUTE OF GRADUATE PROGRAMS*** + - * 1. The ….. **th** meeting of our Ph. D student, .............................................. has been held on …… / …… / 20 and the result is given below.
				2. Kindly submitted to your information.

 Head of the Department Signature  |
| * + - * 1. **I- STUDENT INFO**

**Student ID :** ……………………………………**Full Name :** .........................................................**Program :**.........................................................**Department :** .........................................................**Academic Year** **:** 20.… - 20.… Fall  Spring   |
| * + - * 1. **II- MEETING OF THESIS MONITORING**

**Meeting Period** : [ ]  January- June 20.... [ ]  July – December 20....**Meeting Number** : [ ]  1st [ ]  2nd [ ]  3rd  [ ]  4th [ ]  5th [ ]  6th [ ]  7th **Date of Report**  : …… /…… /20.... |
| **Title of Dissertation :** ………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **III- EVALUATION** [ ]  The attached progress report given by the Committee and the work plan to be made in the next period have been evaluated and found SUCCESSFUL / FAIL by UNANIMITY / MAJORITY VOTE. [ ]  The Committee has decided that the next meeting will be held in ........ months. [ ]  The thesis subject has been changed depending on the essence of the thesis. (TIK report will be added). [ ]  The committee has decided that the student has completed the thesis work and the thesis defense jury will be formed. **Supervisor Member Member**Title, Full Name **:** ……………………………………………………………………………………..…………….Signature **:** …..……………..………………………………………………………………………………….   |
| **Attachment :** The summary of the report prepared by the student (It should include only the work done during the semester and the work to be done in the next semester).**NOTE:** The meetings should be held twice a year and there should be at least 5 months between them. |