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| **TO THE DEPARTMENT OF**...........................................................  I am a Ph.D student of the Instute in the department of …………………….. I would likle to have Ph.D Qualifying Exam.  I kindly request you to take necessary action.  Date: ....../....../20....  **Student Info:**  Name, Surname : .................................................................................  Student Number : …………………………  E-Mail : …………………………  Telephone Number : …………………………  Signature : ..........................  Qualifying Exam? : The First The Second  **Supervisor Info**:  Title, Name Surname : ...................................................................  Signature : ............................  \* This form will be sent to the Institute with PhD-04 FORM. |