|  |
| --- |
| **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. |