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| Date: ....../……/20.… Number : ……………….  **TO THE INSTITUTE OF GRADUATE STUDENTS**  Our Ph.D Student, …………………., whose student number is ………………… has met the requirements to take the Ph.D Qualifying Exam. It is suggested that Jury of the Ph.D Qualifying Exam be formed as follows.  Kindly submitted to your action.  Head of the Department  **Signature**   |  |  |  | | --- | --- | --- | | **JURY SUGGESTION** | | | | **Title, Full Name** | | **Contact Info** | | * **MEMBERS** | | | | Supervisor |  | Department:………………………………..  E-Mail: …………..  Mobile Phone:……………. | | Member |  | Department………………………………..  E-Mail: …………..  Mobile Phone:……………. | | Member |  | Department………………………………..  E-Mail: …………..  Mobile Phone:……………. | | External Member |  | Department…………………  E-Mail: …………..  Mobile Phone:……………. | | External Member |  | Department ………………………………..  E-Mail: …………..  Mobile Phone:……………. | | * **SUBSTITUTE MEMBERS** | | | | Member |  | Department………………………………..  E-Mail: …………..  Mobile Phone:……………. | | External Member |  | Department ………………………………..  E-Mail: …………..  Mobile Phone:……………. |   Exam will be held online / All Participants Will Participate Online From Where They Are  Exam will be held half online / Only External Participating Faculty Member Will Participate, Other Juries Will Participate Personally. (Make an appointment with the institute for this option)  The exam will be held face to face in the Institute Meeting Hall / All Participants will attend the exam in person. (Make an appointment with the institute for this option)  Make an appointment in advance for the exams to be held in the Institute Meeting Hall.  **Date**  : ……/……/20.… **Time of** **Written Exam**: ………-…………  **Exam Venue** : ………………… **Time of Oral Exam** : ………-………  **Attachment:** PhD-03 FORM |