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| Date: ….. /..... /20....**FRM-0189 and FRM-0190 Should be filled together! CLEAR THIS TEXT BOX BEFORE PRINTING!**Issue :……… **TO THE INSTITUTE OF GRADUATE PROGRAMS** Thesis Proposal Exam Information of our Ph.D. student,………………………… with the following student number .................................. is as follows. Kindly submitted to your information.Head of the DepartmentSignature |
| **TO THE DEPARTMENT OF …………………………………….**Below is the exam information of Thesis Proposal Defense for the student, …………………………….. Kindly submitted for your information.  **Supervisor**Title, Name, Surname :…………………………………………… Signature :………………….Date :……/……/20.…**Thesis Monitoring Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exam Format** Title, Name, Surname :…………………………………………………………… Online Face-to-face Title, Name, Surname:…………………………………………………………… Online Face-to-face Title, Name, Surname:………………………………………………………… ….Online Face-to-face  |
| Exam Date : ……/……/20.…Exam Time : …………………Exam Venue : ………………… |