



FEYZİYE SCHOOLS FOUNDATION
IŞIK UNIVERSITY
SCHOOL OF GRADUATE STUDIES

THESIS EXAM JURY RECOMMENDATION FORM

Graduate Program	
Student Number	
Student's Name	
Thesis Supervisor's Name	
Thesis Title	

The proposed thesis jury for the above student is presented below.

Date of Filling out the Form: ____/____/____

Date of Thesis Defense : ____/____/____

Thesis Defense Hour : ____

Head Of Department

Name: _____

Signature: _____

RECOMMENDED THESIS EXAM JURY

Title, Name, Affiliated organization

	Name	Organization
Supervisor	_____	_____
Co-Supervisor (If any)	_____	_____
Member	_____	_____
Member	_____	_____
Reserve Member	_____	_____
Reserve Member	_____	_____

Graduate School Contact Information

444 07 99 / 6128-6129-6105

lee@isikun.edu.tr