



FEYZİYE SCHOOLS FOUNDATION  
**IŞIK UNIVERSITY**  
SCHOOL OF GRADUATE STUDIES

**PHD THESIS  
MONITORING  
COMMITTEE  
RECOMMENDATION  
FORM**

**PhD Program**

**Student Number**

**Student Name**

**Thesis Supervisor**

**Thesis Subject**

The proposed thesis monitoring committee for the above student is presented below.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Head of Department

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

**RECOMMENDED THESIS MONITORING COMMITTEE**

Name, Title, Department

**Supervisor**

**Member**

**Member**

Graduate School Contact Information

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