**DOCTORAL PROGRAM DISMISSAL FORM**

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| **STUDENT’S** |
| **Name and Surname** |  |
| **Student Number** |  |
| **Department** |  |
| **Program** | ( ) MA ( ) PhD ( ) *(other)* |
| **Reason For Discharge** | ( ) Graduation ( ) his/her own will ( ) *(other)* |
| **Correspondence Address** |  |
| Since the student whose information is given above will be dismissed from our Institute, I would like to inform you whether or not the related department is signed below. ……/…../20….Secretary of Graduate Education Institute |
| **Name of the Unit** | **Explanation Regarding Student Status** | **Affiliate** | **No Affiliation** | **Unit****Official Date****Signature and Stamp** |
| **TOGÜ Central Library** | There are no books or resources that the student borrowed from the library and could not return. |  |  |  |
| **Advisor**  | *This student successfully completed her thesis defense and submitted it to the institute.* |  |  |  |
| **Institute Thesis Control Officer** | *The defended thesis is arranged according to the Institute's thesis writing rules and the similarity rate is within the required limits.* |  |  |  |
| **Graduate School Student Affairs Office Program Officer** | *This student has enrolled in the semester in which he defended his thesis, successfully completed his thesis defense and submitted it to the institute and has no debt to the past. The student has completed the lectures / credits / ECTS, successfully passed at least one Specialized Field Course and Field Seminar course and is presented in the attachment with other documents.* |  |  |  |