**PhD Thesis Defence Approval Form**

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| --- |
| **STUDENT’s** |
| **Name And Surname** |  | **Student Number** |  |
| **Department /Division**  |  |
| **Programme** | ( ) MA ( ) PhD ( ) *(other)* |
| **Date Of Registration** |  | **Which term** |  |
| **Advisor** |  | **Co Advisor(if any)** |  |
| **Thesis Title** |  |
| **Similarity rate (%) The maximum similarity rate is 30% and this section** will be filled in by the Thesis Control Officer of the Institute. |  |
|   |
| **Name of the Unit** | **Explanation Regarding Student Status** |  |
| **Course Period** | At least 7 courses 21 credits (52.5 ECTS) | Suitable ( ) | Not Suit.( ) |
| **Seminar** | *It is given during the course period. (0 credits) (7.5 ECTS)* | Suitable ( ) | Not Suit.( ) |
| **Thesis Proposal** | *A student who teaches one Compulsory Course and two elective courses can submit a thesis proposal.* | Suitable ( ) | Not Suit. ( ) |
| **Thesis Paper (For Phd Students)** | *The article produced from the doctoral thesis must be published or accepted for publication, and the student must certify that he / she meets the publication requirement.* *(This is not valid fort he Students who submit a thesis proposal before the 2017-2018 Academic Year).* | Suitable ( ) | Not Suit. ( ) |

 Institute Student Affairs Officer

 Name and Surname

 Signature

**1. STUDENT’S DECLARATION**

I declare that **no plagiarism has been made in my thesis** from any source and that my data is entirely my own.

 ..../..../20...

..........................................

 Student

**2. ADVISOR’S DECLARATION**

I declare that **there is no plagiarism in the thesis** from any source and that the data belongs entirely to my student.

 ..../..../20...

..........................................

 Advisor

**3. STATEMENT OF THE THESIS CONTROL AUTHORITY OF THE INSTITUTE**

The thesis is arranged according to the Institute's thesis writing rules and the similarity rate is within the required limits. It can enter the defence in this form.

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............................................

 Graduate School Thesis Control Officer

**PhD Jury Recommendation Form**

**………………………..HEAD OF THE DEPARTMENT**

The doctoral thesis study of ......................................, a student of ...............................Department Doctoral Programme ......................numbered student ......................................, has been accepted by me and has fulfilled the necessary conditions stipulated by Article 23 of Tokat Gaziosmanpaşa University Graduate Education and Training Regulations in order to take the Doctoral Thesis Defence Examination. A jury consisting of the following faculty members is proposed to conduct the PhD Thesis Defence Examination of the student.

I respectfully submit the necessary information.

 …………………………..

 Advisor

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| --- |
| **MAIN MEMBERS**  |
|  |  |  |  |  |
| **S.N** | **Title, Name and Surname** | **University**  | **Faculty** | **Department** |
| **1** | (Advisor) |  |  |  |
| **2** | (Thesis Monitoring Committee Member) |  |  |  |
| **3** | (Thesis Monitoring Committee Member) |  |  |  |
| **4** | (Within the University)\* |  |  |  |
| **5** | (Without the University) |  |  |  |
|  **RESERVE MEMBERS** |
| **1** | (Without the University Reserve) |  |  |  |
| **2** | (Within the University Reserve) |  |  |  |

***(\*):In case the TİK Member is from within the university, please write 2 non-university members.***

 ***In case the TİK Member is from outside, please write 1 member outside the University.***

***Contact Details of Non-University Jury Members***

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N** | **Title, Name and Surname** | **E-mail** | **Mobile Phone** |
| **1** | (Within the University-Main) |  |  |
| **2** | (Within the University-Main) |  |  |
| **3** | (Without the University Reserve) |  |  |

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 Institute Authority

**JURY TRAVELLING INFORMATION FORM**

I took part in the exam jury of the student whose information is given below. I request your information to use my information declared below in the preparation of the travel document accrued on my behalf.

 Date :

Jury Member

Title Name Surname:

Signature :

 **STUDENT‘S**

|  |  |
| --- | --- |
| Name Surname |  |
| Student Number  |  |
| Department |  |
| Advisor |  |
| Exam Date |  |

 **JURY MEMBER‘S**

|  |  |
| --- | --- |
| Institution  |  |
| Unit |  |
| Province of the Institution |  |
| TR Identity Number |  |
| Name of the Bank in whose name the Account is held |  |
| IBAN No. | TR \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

***NOT:*** *THIS FORM IS ONLY FOR THE PURPOSE OF OBTAINING JURY INFORMATION AND JURY MEMBERS MUST SIGN THE TEMPORARY DUTY TRAVEL NOTIFICATION FORM PREPARED BY OUR INSTITUTE IN ORDER TO BE PAID THEIR TRAVELLING EXPENSES.*

 **PhD THESIS**

 **DEFENCE EXAM ANNOUNCEMENT**

 **STUDENT’S**

|  |  |
| --- | --- |
| **Name and Surname** |  |
| **Student Number** |  |
| **Department** |  |
| **Thesis Title**  |  |

 **DEFENCE EXAM’S**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Format** |  | Online |  | Face to Face |
| **Date** |  |
| **Hour** |  |
| **Place** | *(To be written for face-to-face exams)* |

|  |  |
| --- | --- |
| …./…./20..……………………………Advisor |  …./…./20..…………………………….…………..Head of Department |