**Date : \_\_/\_\_/20\_\_**

**Number :**

**MASTER'S THESIS DEFENSE APPLICATION FORM**

……..……………..….………………………………, who is a student of the Department of…….……………………………….’s Master’s program ….………………………………….... of our institute, with the ID number …………………………………, wishes to defend his/her thesis “…………………………………………………………………………………………………” on …/…/20…, at ….…...

The jury members of the exam are listed below.

Yours Sincerely,

………….………………..

Advisor

**Members:** **POSITION**:

1. Head, advisor:
2. Member :
3. Member :
4. Member :
5. Member :

**Substitute members:**

1. Member :
2. Member :

APPROVED

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

……………………………………

Department head

**NOTE:** The jury consists of three or five faculty members, one of them is the thesis advisor of the student and at least one of them is from the outside the university. If the jury consists of three people, the second thesis advisor cannot be a jury member. As for the substitute jury members: The substitute members from within the university / department / program and the outside of the university / department / program should be appointed accordingly.