

65A - THESIS DEFENSE REPORT FORM

The student, whose name is given below, has completed and defended his/her thesis in front of the jury.

Date :

Archive No / Academic Office Document No :

Program Coordinator

Thesis Co-Advisor Full Name

Please submit this form within *three days* after the Thesis Defense to the Registrar's Office.

:

			STUDENT INFORMATION
ID No	:		
Full Name	:		
Program	:		
Entry Year	:		
			THESIS INFORMATION
Thesis Title		:	
Thesis Advisor Full Name :		:	

THESIS EXAM REPORT

:

The jury, as convened on / / 20.... , has examined the thesis submitted and defended by the student named above, and agreed at the end of the oral examination

through consensus	through majority vote*	Thesis courses and sections	Grade
to take the following decis	ion:		
Successful	Unsuccessful**		
Correction (3 months)			

* For decisions taken through **Majority Vote**, a report must be appended for each dissenting member. ** A jury report must be submitted for **Unsuccessful** or **Correction** decisions. The jury report must be signed by all jury members and/or jury chair.



	TITLE & FULL NAME	PROGRAM / DEPARTMENT / INSTITUTION	SIGNATURE
CHAIR			
THESIS ADVISOR			
MEMBER			
MEMBER			
MEMBER			

APPROVAL OF THE BOARD OF GRADUATE PROGRAMS

Academic Office Document No:

The student, for whom the official thesis exam report is provided above,

:

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has	has not
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fulfilled the conditions for graduation.

Board Meeting Date	
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Decision No

Chair of the Board of Graduate Programs Signature:

FOR OFFICE USE ONLY

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An electronic copy of the thesis has been submitted to YÖK.

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An electronic copy of the thesis has been submitted to METU NCC Library.

Registration Withdrawal Form (66A) has been submitted to the Registar's Office.

Academic Office Document No :

Date :

Office Signature