MIDDLE EAST TECHNICAL UNIVERSITY
NORTHERN CYPRUS CAMPUS

64A - THESIS DEFENCE SCHEDULING FORM

It is verified that the student whose name is given satisfied the minimum requirements for the appointment of a M.Sc. / M.A. Thesis Defence Jury.

STUDENT INFORMATION			
ID No	:	Full Name	:
Program	:	Entry Year	:

PROPOSED DEFENCE SCHEDULE			
Date	:	Building*	:
Time	:	Room*	:

Thesis Title :

Thesis Advisor Full Name :

Thesis Co-Advisor Full Name :

Date :

Advisor Signature:

APPROVAL OF THE PROGRAM COORDINATOR

Date :

Program Coordinator Full Name :

Prog. Coord. Signature:

*: Please reserve the room before submitting the form.