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| **Program Type** | **Academic Year and Semester**  |
| [ ] PhD | Academic Year |  | Semester | [ ] Fall | [ ] Spring |

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| Student Name&Surname |  | Name of the Program |  |
| Student No |  | Date/s and Number of the Previous Monitoring/s, if any |  |
| Name of the Thesis |  |
| **Thesis Monitoring**  |
| Date |  | Time |  | Building |  | Room No. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Thesis Supervisor (Title, Name&Surname) |  | Signature |  | Date |  |
| Thesis Co-Supervisor (Title, Name&Surname)(if applicable) |  | Signature |  | Date |  |

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| **PhD Thesis Monitoring Committee** |
|  | Academic Title and Name | Signature | Result |
| Jury Member 1(Supervisor) |  |  | [ ] Satisfactory | [ ] Unsatisfactory |
| Jury Member 2 |  |  | [ ] Satisfactory | [ ] Unsatisfactory |
| Jury Member 3 (external member) |  |  | [ ] Satisfactory | [ ] Unsatisfactory |
| Jury Member 4 (Co-supervisor\*) |  |  |  |  |
| **Final Decision** |
| [ ] Satisfactory (S) | The Ph.D. Monitoring Committee judges that the student named above has satisfactorily completed the monitoring. | Signature of the Jury Chair |  |
| [ ] Unsatisfactory (U) | The Ph.D. Monitoring Committee judges that the student named above has not satisfactorily completed the monitoring. | Date |  |
| **Committee Report**Please write a short report on the thesis progress of the students*Please* a*ttach a separate sheet, if needed.* |
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\* *The co-supervisor is not part of the Thesis Monitoring Committee and hence does not have the right to vote. However, the co-supervisor has the right to attend the Thesis Follow-up jury.*

Form should be submitted to the Dean of the Faculty to be sent to the Institute of Graduate Studies and Research.

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| PhD Program Coordinator(Title, Name&Surname) |  | Signature |  | Date |  |
| Dean of the Faculty(Title, Name&Surname) |  | Signature |  | Date |  |

The Dean of the Faculty should inform the Institute of Graduate Studies and Research about the result of the defence by sending the approved report.

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| Director of the Institute(Title, Name&Surname) |  | Signature |  | Date |  |