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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.* | | | | |
|  | | | | |

\* *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 |  |