**FORM NO : 5.6. THESIS DEFENSE EXAM MINUTES FORM**

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| **T.C.**  **SELÇUK UNIVERSITY**  **DIRECTORATE OF HEALTH SCIENCES INSTITUTE** |

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| 1. **STUDENT INFORMATION** | |
| **Name-Surname** | Click or tap here to enter text. |
| **Student No** | Click or tap here to enter text. |
| **Department** | Click or tap here to enter text. |
| **Thesis Title** | Click or tap here to enter text. |
| **Advisor** | Click or tap here to enter text. |
| **2nd Advisor (if any)** | Click or tap here to enter text. |
| **Thesis defense exam date** | Click or tap here to enter a date |
| **Exam time** | Click or tap here to enter text. |
| **Exam Location** | Click or tap here to enter text. |

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| **2. EXAMINATION OF THE PERSONAL REPORTS ON THESIS EVALUATION AND THE THESIS AS A RESULT OF THE DEFENSE EXAM** | |
| Acceptance (to be submitted to the Institute within one month at the latest after minor corrections, if any) | |
| In case of a correction decision, Article 29/f of the S.Ü. Regulation to be applied. | |
| In case of rejection, Article 29/e of the S.Ü. Regulation to be applied. | |
| It has been unanimously decided. | It has been decided by majority vote. |

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| 1. **THESIS TITLE CHANGE** | |
| **New Thesis Title**  \*\*\* (If there is a change) | Yes  No |
| ***\*\*\*\* Please fill out the Master's thesis title change form below*!!!** | |

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| 1. **THESIS DEFENSE JURY MEMBERS** | | | |
| **Jury Members** | **Title, Name-Surname** | **University/Department** | **Signature** |
| **Member**  **(Advisor)** | Click or tap here to enter text. | Click or tap here to enter text. |  |
| **Member** | Click or tap here to enter text. | Click or tap here to enter text. |  |
| **Member** | Click or tap here to enter text. | Click or tap here to enter text. |  |
| In accordance with the provisions of Article 29 of the Selçuk University Graduate Education and Examination Regulations, the Master's Thesis Defense Examination was held and the status of the candidate was determined with this report. | | | |
| **EXPLANATION**  1 Thesis Defense Exam Minutes (1 piece) and Thesis evaluation and review form (Each jury member must submit to the Graduate School within three working days following the thesis exam.   1. Cover letter of the relevant Department (After your EBYS letter is signed, it will be printed out and delivered by hand) | | | |
| T.C. Selçuk Üniversitesi Sağlık Bilimleri Enstitüsü Müdürlüğü Alaeddin Keykubad Yerleşkesi Yeni İstanbul Caddesi No:335 Selçuklu – KONYA E-mail: [sagbil@selcuk.edu.tr](mailto:sagbil@selcuk.edu.tr) Phone: +90 332 223 2453 & Fax: +90 332 241 05 51 | | | |