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|  **T.C.****SELÇUK UNIVERSITY****HEALTH SCIENCES INSTITUTE** |
| **STUDENT INFORMATION** |
| **Name and 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. |
| **Phone/E-Mail** | 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. |
| **Date of Submission to the Institute** | Click here to enter a date |
| **Place of Exam** | Click or tap here to enter text. |
| **Date of Exam** |  Exam **Time** |
| **Thesis Name** |  |
| **THESIS DEFENSE JURY MEMBERS** |
| **PRIMARY MEMBERS**  |
|  **Title / Name - Surname** | **University / Faculty /Department** | **E-Mail Address** |
| Advisor (T.İ.K. Member) | Selçuk Üni. / Faculty / DEPARTMENT |  |
| T.İ.K. Member (Primary) | Selçuk Üni. / Faculty / DEPARTMENT |  |
| T.İ.K. Member (Primarty) | Selçuk Üni./ Faculty / DEPARTMENT |  |
| Non-Univ. Faculty Member | Lecturer from Another University |  |
| Non-Univ. Faculty Member | Lecturer from Another University |  |
| Internal or External Faculty Member | Lecturer from Another University |  |
| **Important Note 1: Article 55 / 6 of the S.Ü. Regulation - Those who have a situation that may affect the opinion of the students, such as a relationship of affinity up to the third degree, hostility and interest, cannot be appointed as advisors, jury members and thesis monitoring committee members.****Important Note 2: The proposed date for the exam must be at least 15 days after the date of the Board of Directors.** |
| **RESERVE MEMBERS**  |
| **Title / Name - Surname** | **University / Faculty /Department** | **E-Mail Address** |
| T.İ.K. Member (Reserve) | Selçuk Üni./ Faculty / Department |  |
| External Faculty Member | Lecturer from Another University |  |
| **ARTICLE & PUBLICATION REQUIREMENT INFORMATION (According to the regulation provision subjected to)** |
| **SCIENTIFIC STUDY BIBLIOGRAPHY** | Indexes Scanned | [ ]  SCI [ ]  SCI-Expanded [ ]  SSCI [ ]  ESCI [ ]  TR Index |
| Publication Name | Click or tap here to enter text. |
| Proceeding Name | Click or tap here to enter text. |
| Article Name | Click or tap here to enter text. |
| Journal, Congress, Book Title | Click or tap here to enter text. |
| Year of Publication | Click or tap here to enter text. |
| Number, Date | Click or tap here to enter text. |
| Place of Presentation | Click or tap here to enter text. |
| Advisor  |  Name, Surname - Signature - Stamp |

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| **EXPLANATION**1. **Department's cover letter**
2. **Department Board Decision**
3. **Turnitin Authenticity Report (All pages must be signed by the advisor and the student in blue pen. It should be maximum 20%).**
4. **Publication Requirement (full text of the publication) Students enrolled after 2016-2017 Fall semester (S.Ü. Regulation 29/b)**
5. **8 theses in A4 size (clipped) 1 clipped file will be delivered to the Institute and the remaining theses will be delivered to the main and substitute jury members before the exam.**
6. **Thesis finished report**
7. **Photocopy of Ethics Committee Decision**
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| **T.C.****SELÇUK UNIVERSITY****DIRECTORATE OF HEALTH SCIENCES INSTITUTE** **THESIS MONITORING COMMITTEE (THESIS IS FINISHED) REPORT** |

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| **STUDENT INFORMATION** |
| **Name and Surname** |  |
| **Student No** |  |
| **Department** |  |
| **Advisor** |  |
| **Project Start Date** |  |
| **Thesis Title** |  |
| **Thesis Title in English** |  |

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| **1. THESIS MONITORING COMMITTEE MEMBER (ADVISOR)** | **Tik Member**  **Title Name Surname**  | **SIGNATURE** |
| Are the expenditures up to this period sufficient? | [x]  Yes [ ]  \*No |  |
| Has the target specified in the Materials and Methods been achieved? | [ ]  Yes [ ]  \*No |
| Do you think the conclusions reached are appropriate and sufficient? | [ ]  Yes [ ]  \*No |
| Is the plan for the next period adequate? | [ ]  Yes [ ]  \*No |
| **THESIS FINISHED****DECISION:** [ ]  **Succeeded** [ ]  **Failed** |
| **\* Please state the reasons for No and Failed answers on the additional page.** |

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| **2. THESIS MONITORING COMMITTEE MEMBER** | **Tik Member**  **Title Name Surname** | **SIGNATURE** |
| Are the expenditures up to this period sufficient? | [x]  Yes [ ]  \*No |  |
| Has the target specified in the Materials and Methods been achieved? | [ ]  Yes [ ]  \*No |
| Do you think the conclusions reached are appropriate and sufficient? | [ ]  Yes [ ]  \*No |
| Is the plan for the next period adequate? | [ ]  Yes [ ]  \*No |
| **THESIS FINISHED****DECISION:** [ ]  **Succeeded** [ ]  **Failed** |
| **\* Please state the reasons for No and Failed answers on the additional page.** |

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| **3. THESIS MONITORING COMMITTEE MEMBER** | **Tik Member**  **Title Name Surname** | **SIGNATURE** |
| Are the expenditures up to this period sufficient? | [ ]  Yes [ ]  \*No |  |
| Has the target specified in the Materials and Methods been achieved? | [ ]  Yes [ ]  \*No |
| Do you think the conclusions reached are appropriate and sufficient? | [ ]  Yes [ ]  \*No |
| Is the plan for the next period adequate? | [ ]  Yes [ ]  \*No |
| **THESIS FINISHED****DECISION:** [ ]  **Succeeded** [ ]  **Failed** |
| **\* Please state the reasons for No and Failed answers on the additional page.** |

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| T.C. Selçuk Üniversitesi Sağlık Bilimleri Enstitüsü Müdürlüğü Alaeddin Keykubad Yerleşkesi Yeni İstanbul Caddesi No:335 Selçuklu – KONYA E-mail: sagbil@selcuk.edu.tr Phone : +90 332 223 2453 & Fax : +90 332 241 05 51 |