|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | |

|  |
| --- |
| **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** |

|  |
| --- |
| **T.C.**  **SELÇUK UNIVERSITY**  **DIRECTORATE OF HEALTH SCIENCES INSTITUTE**  **THESIS MONITORING COMMITTEE (THESIS IS FINISHED) REPORT** |

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

|  |  |  |
| --- | --- | --- |
| **1. THESIS MONITORING COMMITTEE MEMBER (ADVISOR)** | **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.** | | |

|  |  |  |
| --- | --- | --- |
| **2. 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.** | | |

|  |  |  |
| --- | --- | --- |
| **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.** | | |

|  |
| --- |
| 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 |