**FORM NO 4.11** [**Thesis Defense Examination Minutes**](https://webadmin.selcuk.edu.tr/contents/saglik_bilimler_ens/icerik/44864/4.11%20DOKTORA%20TEZ%20SAVUNMA%20SINAV%20TUTANA%C4%9EI%20FORMU_638211255054487711.docx)

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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. |
| **Date of Thesis Defense Exam** | Click or tap here to enter a date |
| **Hour of Exam** | Click or tap here to enter text. |
| **Place of Exam** | Click or tap here to enter text. |

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| **2. AFTER REVIEW OF PERSONAL REPORTS ON THESIS EVALUATION AND DEFENSE OF THE THESIS AS A RESULT OF THE DEFENSE EXAM;** | |
| It is accepted (to be submitted to the Graduate School within one month at the latest after minor corrections, if any) | |
| In case of a correction decision, Article 46/f of the S.Ü. Regulation to be conducted. | |
| In case of rejection, Article 46/e of the S.Ü. Regulation to be conducted. | |
| 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 following doctoral thesis title change form*!!!** | |

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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. | **No Voting Right.** |
| **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. |  |
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| **Member** | Click or tap here to enter text. | Click or tap here to enter text. |  |
| In accordance with the provisions of Article 46 of the Selçuk University Graduate Education and Examination Regulations, ***the Doctoral 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 | | | |