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| **T.C.**  **SELÇUK UNIVERSITY**  **HEALTH SCIENCES INSTITUTE** | | | | | | | | | | | | | | |
| **TO THE DEPARTMENT OF …………………..………………. Click to enter a date**  The student whose name given below and, whom I am advising, has successfully completed his/her courses and seminar. I submit your information and necessity for the candidate to take the doctoral qualifying exam.  **Advisor**  **Name Surname**  **Signature** | | | | | | | | | | | | | | |
| **DOCTORATE QUALIFYING COMMITTEE** | | | | | | | | | | | | | | |
|  | | | **Title, Name Surname** | | | | | **University** | | | **Department** | | | **SIGNATURE** |
| **Member** | | | Click here to enter text | | | | | Selçuk Üniversitesi | | | Click here to enter text | | |  |
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| **Member** | | | Click here to enter text | | | | | Selçuk Üniversitesi | | | Click here to enter text | | |  |
| **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. | | | | | | | | | |
| **DOCTORATE QUALIFYING EXAM INFORMATION** | | | | | | | | | | | | | | |
| **Qualifying Exams will be held in October – November and April.** | | | | | | | | | | | | | | |
| **Date** | | | | **Click here to enter a date.** | | | | | | | | | | |
| **Hour** | | | | Click here to enter text. | | | | | Oral Exam Hour | | | Click here to enter text. | | |
| **Place** | | | | Click or tap here to enter text. | | | | | | | | | | |
| **The number of times he/she took the qualifying exam** | | | | | | **Written** | | | | **☐ First Time ☐ Second Time** | | | | |
| **Oral** | | | | **☐ First Time ☐ Second Time** | | | | |
| **ÖNERİLEN YETERLİK SINAV JÜRİ BİLGİLERİ** | | | | | | | | | | | | | | |
| **Jury** | **Title, Name Surname** | | | | | **University / Faculty** | | | | | | **Department** | | |
| **1. Primary** | Click here to enter text. | | | | | Selçuk Üniversitesi | | | | | | Click here to enter text. | | |
| **2. Primary** | Click here to enter text. | | | | | Selçuk Üniversitesi | | | | | | Click here to enter text. | | |
| **3. Primary** | Click here to enter text. | | | | | Selçuk Üniversitesi | | | | | | Click here to enter text. | | |
| **4. Primary** | Click here to enter text. | | | | | ………….. Non-University | | | | | | Click here to enter text. | | |
| **5. Primary** | Click here to enter text. | | | | | ………….. Non-University | | | | | | Click here to enter text. | | |
| **1. Reserve** | Click here to enter text. | | | | | Selçuk Üniversitesi | | | | | | Click here to enter text. | | |
| **2. Reserve** | Click here to enter text. | | | | | ………….. Non-University | | | | | | Click here to enter text. | | |
| **Explanation**   1. Cover Letter of the Department 2. Transcript (The student's course status printout from obtained from the Institute's web page) | | | | | | | | | | | | | | |