**ÖZYEĞİN UNIVERSITY**

**GRADUATE SCHOOL OF SOCIAL SCIENCES**

**MASTER’S THESIS JURY**

**AND EXAMINATION DATE PROPOSAL FORM**

# TO THE ÖZYEĞİN UNIVERSITY

**GRADUATE SCHOOL OF SOCIAL SCIENCES**

The following faculty members whose full names and universities where they currently hold a faculty position are specified below are proposed to serve as the members of the thesis jury to administer the thesis defense examination on ...../..../20....**(\*)** at ...:.... on the Çekmeköy Campus for our student with the student number .................... in the ................................. Master’s Program at the Department of ............................................

Kind Regards

Department Head

Date: .…. /..… / 20….

Signature:

**MASTER’S THESIS JURY PROPOSAL (\*\*)**

Name-Surname University

**FULL MEMBERS:**

1. ADVISOR : ………………………………………...……............... ……………………………………………………..

2. MEMBER :………………………………………................... …………………………………………………...

3. MEMBER :………………………………………................... …………………………………………………...

**ALTERNATE MEMBERS:**

1. MEMBER :………………………………………................... …………………………………………………...

2. MEMBER :………………………………………................... …………………………………………………...

**(\*)The Defense Exam must be scheduled for a date specified on the respective academic calendar.**

**(\*\*)The master’s thesis jury is made of at least three faculty members, one of whom is the student’s thesis advisor and at least one other is from another higher education institution.**