



## APPLICATION FORM FOR PhD QUALIFICATION EXAM

I am currently enrolled in the..... PhD program in the Department of ..... with student number ..... Having successfully completed my courses, I kindly request to take the PhD Qualification exam in the ..... term of 20... academic year.

Candidate  
Name-Last Name  
Signature

I, as the supervisor of the above candidate, confirm that the candidate has successfully completed seven courses at PhD level and attended all the seminars as required by the program.

Thesis Supervisor  
Name Surname  
Signature

**Attachment:** Transcript