**JURY THESIS SUBMISSION FORM**

……/……/20…..

To the Institute of Graduate Studies,

I am currently enrolled in the Department of ………….…………………………………………., …………………………………………… Program of your Institute with student number …….. ………………………. I have completed and hereby submit my dissertation titled “……………. ……………………………………..……………......……………………………………………………………………………………………………………………………………………………………”.

I kindly request you to take necessary action accordingly.

Student Name-Last Name/Signature

**Name-Surname Received Date Signature**

1. Thesis Supervisor : ............................ …..…………….
2. Permanent Member : ............................ …..…………….
3. Permanent Member : ............................ …..…………….
4. Substitute Member : ............................ …..…………….
5. Substitute Member : ............................ …..…………….

The members of the dissertation committee for ……………………………………., student number ………………………………, from ……………………………………. program have agreed that the defence of the candidate will take place on ……/.…/20… at …………….. .

You are kindly requested to take the necessary action.

Thesis Supervisor

Name- Last Name

Signature

**Attachment:** Approved Similarity Rate