



**NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF APPLIED SCIENCES**

THE MASTER THESIS DEFENSE REQUEST FORM

Part I. Student Information (To be completed by the Supervisor and signed by the Student)

I, hereby, apply for authorization from the Director of Graduate School of Applied School to schedule my Master's Thesis Defense. I certify that:

- I have prepared my Thesis in accordance with the general Masters' Thesis Format determined by the Graduate School,
- I have attached five of the Thesis to this request form, and
- I am ready to defend my Thesis on the date proposed below.

Student No		Advisor(s) Name and Title		Date of Application	
		Department		Student's Signature	
Thesis Title				CGPA	

Student Name and Surname		Signature		Date	
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Part II. Defense Schedule Proposed by the Supervisor and the Department Chairperson (To be completed by the Supervisor)

Proposed Defense Schedule					
Date		Time		Place	
Supervisor Title and Name				Signature	Date
Department Coordinator Title and Name				Signature	Date
Director. of Graduate School Title and Name				Signature	Date

Part III. Jury Proposed by the Supervisor, Department Chairperson (To be completed by the Supervisor)

Proposed Thesis Jury		
	Academic Title and Name	Department and Institution
Member 1 (Supervisor)		
Member 2		
Member 3		
Member 4		
Member 5		
Substitute Member		

Part IV. Approvals

Department Chairperson Title and Name		Signature		Date	
Director of the Graduate School Title and Name		Signature		Date	

The form should be filled in, and the Department should submit the Printed Copy of the completed form to the Graduate School. Upon the arrival of form, the Graduate School of Applied Sciences will finalize the application.