



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

PhD'S QUALIFYING EXAM MEMBERS DELIVERY FORM

Academic Program:	M.Sc <input type="checkbox"/>	PhD <input type="checkbox"/>	
Academic Year:	20...../ 20.....	Academic Semester:	Fall <input type="checkbox"/> Spring <input type="checkbox"/>

STUDENT			
Name Surname:		Number:	
Program:			

The student successfully completed the courses, Seminar, English qualifying exam, and ALES.

***This form will be delivered to be approved by each jury member together with a copy of the Thesis. Approved form will be returned to the department Chairperson.**

JURY					
Date:		Time:		Place:	
Jury Members				Institute	Department
1.	(Head of Jury)				
2.					
3.					
4.					
5.					

JURY MEMBER		
(Title) Name Surname	Signature	Date