*The Electronic Copy of the form should be filled in, and the Department should submit the Printed Copy of the completed form to the Institute of Graduate Studies and Research (IGSR). Incomplete forms will be returned back to the Department. Students who have course(s) where the grades are not announced yet shall also submit the application within the application period. The approval will be given on the condition that all the registered courses are completed successfully and the minimum CGPA requirement of 3.00 is achieved following the announcement of grades.*

Part I. Student Information [To be completed by the Supervisor and signed by the Student]

I, hereby, apply for authorization from the Director of Institute of Graduate Studies and Research to schedule my Master's Thesis Defense. I certify that:

* I have prepared my Thesis in accordance with the general Graduate Thesis Format determined by the Institute of Graduate Studies and Research,
* I have submitted a copy of the thesis to all jury members including the substitute member
* I have submitted a copy of the thesis to the Institute of Graduate Studies and Research,
* I have attached the Turnit-in Similarity Report (Accepted similarity ratio: Having %1 from each section, not to exceed 20% in total.)
* I have attached the approval or exemption form of the Scientific Research and Publication Ethics Board (Compulsory for students who registered through the academic forgiveness or registered in/ after 2017-18 Academic Year Fall Term.)
* I am ready to defense my thesis on the date proposed below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

 | Student's Name |  | Date of Application |  |
| Department |  | Signature |  |
| Number of Satisfactorily Completed Courses with Grades "C" or above |  | Date of Coursework Completion |  | CGPA (At least 3.00) |  | Date of Previous Master's Thesis Defense, (if attempted before) |  |
| Number of Courses Left with Grades below "C" |  | Thesis Title |  |

Part II. Defense Schedule Proposed by the Supervisor and the Chair of the Department's Graduate Studies Committee [To be completed by the Supervisor]

We verify that the student whose name is given above has completed his/her Thesis study so that we recommend the Master's Thesis Defense jury to be composed from the jury members listed below who are expert in their field and scheduled at the proposed date and time.

|  |
| --- |
| Proposed Defense Schedule |
| Date |  | Time |  | Building |  | Room No. |  |
| SupervisorTitle and Name |  | Signature |  | Date |  |
| Dept. Graduate Studies Committee ChairTitle and Name |  | Signature |  | Date |  |

**Part III. Jury Proposed by the Supervisor and the Department Chair [To be completed by the Supervisor]**

|  |
| --- |
| Proposed Thesis Jury \* |
|  | Academic Title and Name | Department and Institution | Signature \*\* |
| Member 1 (Supervisor)  |  |  |  |
| Member 2 (External) |  |  |  |
| Member 3 |  |  |  |
| Member 4 |  |  |  |
| Member 5 |  |  |  |
| Substitute Member |  |  |  |

\* *The jury must have three or five members, including the Thesis Supervisor. This form commits each member of the jury to be present at the defense date and time approved by the Institute of Graduate Studies and Research.*

\*\* *Signing of the form by the jury members indicate that they have received a copy of the thesis.*

**Part IV. Other Information**

|  |  |
| --- | --- |
| External MemberName, affiliation, and, Postal Address |  |
| Turnitin Account DetailsName of the Turnitin user  |  | Paper ID |  |

**Part V. Approvals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department ChairTitle and Name |  | Signature |  | Date |  |
| IGSR DirectorTitle and Name | Prof. Dr. Ali Hakan Ulusoy | Signature |  | Date |  |