CYPRUS INTERNATIONAL UNIVERSITY ULUSLARARASI KIBRIS ÜNİVERSİTESİ

INSTITUTE OF GRADUATE STUDIES AND RESEARCH

PhD THESIS MONITORING COMMITTEE (TMC) APPOINTMENT FORM

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| **STUDENT INFORMATION** | | | |
| Name – Last name |  | Student number |  |
| Program name |  | Department |  |
| Thesis title |  | | |

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| --- | --- | --- |
| **THESIS MONITORING COMMITTEE MEMBERS** | | |
| The purpose of this form is to get approval for: First time appointment of the Committee  Change in the Committee member(s) | | |
| **CURRENT MEMBERS** | Title, Name & Last name | Department  (+ Institution of the external member) |
| Member 1 (Supervisor) |  |  |
| Member 2 (External) |  |  |
| Member 3 |  |  |
|  | | |
| Fill in the following section if ”Change in the Committee members” option had been selected. | | |
| **OLD MEMBER(S)** | Title, Name & Last name | The reason for the change |
| Old member 1 |  |  |
| Old member 2 |  |  |
| Old member 3 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPROVALS** | | | | | |
|  | Title, Name & Last name |  | DD/MM /YYYY |  |  |
| Department Head / Coordinator |  | Date | / / 20 | Signature |  |
| Director of the Institute | Prof. Dr. Osman YILMAZ | Date | / / 20 | Signature |  |

Notes:

Date:

Initial:

( ) System check

**SYSTEM CHECK (For the Institute’s official use only)**

**Cyprus International University** . Haspolat, Nicosia, TRNC . Tel: 0 (392) 671 11 11 . Fax 0 (392) 671 11 30 Kod. No: F.UKÜ.LEOAE.04 Rev. No: 00/Rev. Tar :00 Y/Tarih: 01.04.2024