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| **Student and Thesis Information** | | | |
| Name and Surname |  | ID number |  |
| Program Title |  | | |
| Thesis Title |  | | |

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| **Defense Date and Location** | | | |
| Date |  | Time |  |
| Building |  | Room |  |

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| **Jury Evaluation**  ***Please fill in by majority decision*** | | | |
| Is the thesis suitable for defense? If yes, please answer the following questions with majority decisions. | | Yes | No |
| **Evaluation of the Thesis**  ***Please fill in by majority decision*** | | | |
| 1. | The thesis is written according to acceptable standards of the genre. | Yes | No |
| 2. | The aim and scope are clearly defined and explained. | Yes | No |
| 3. | The study is original. | Yes | No |
| 4. | A sound research design is implemented. | Yes | No |
| 5. | The data collection and analysis procedures are appropriate. | Yes | No |
| 6. | The results are presented clearly. | Yes | No |
| 7. | The findings are interpreted and discussed appropriately. | Yes | No |
| 8. | There are suitable amount of references. | Yes | No |
| 9. | Overall, the thesis contributes to scientific knowledge. | Yes | No |
| **Evalaution of the Oral Defense**  ***Please fill in by majority decision*** | | | |
| 1. | The candidate has clearly presented the rationale, methods, findings and his/her interpretations/conclusions. | Yes | No |
| 2. | The candidate has satisfactorily answered questions. | Yes | No |
| 3. | The candidate was well-prepared for the defense. | Yes | No |

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| **Comments, if any** |
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| **Jury Member’s Decisions** | | | | |
|  | *Title, Name and Surname* | *Signature* |  | |
| Chairperson |  |  | Approved  Major Revision | Minor Revision  Rejected |
| Member 1 |  |  | Approved  Major Revision | Minor Revision  Rejected |
| Member 2 |  |  | Approved  Major Revision | Minor Revision  Rejected |

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| **Decision** | | | |
| Approved | The thesis has satisfied the standards. | | |
| Minor Revision | The thesis is acceptable upon minor revisions. | | |
| Major Revision | The thesis needs major revisions. The candidate should defend it before the same jury upon making major revisions. | | |
| Rejected | The thesis has not satisfied the standards. | | |
| Chairperson  *Title, Name, Surname* |  | Signature  Date |  |

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| **Departmental Approval** | | | |
| Department Chair  *Title, Name and Surname* |  | Signature  Date |  |

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| **Approval of the Institute** | | | |
| Director  *Title, Name and Surname* |  | Signature  Date |  |