



Defense Committee Appointment Request Form

Part I. Student and Thesis Information

Student Name and Surname	Student Number	Study Program

Thesis Title

Part II. Confirmation on Fulfillment of All Academic and Financial Requirements

Official Statement	Name of Officer	Signature
Required ECTS credits are accrued (Confirmation by Graduate Office)		
All financial obligations are satisfied (Confirmation by Finance Department)		

Part III. Mentor's Consent That the Final Paper May be Defended in Front of the Committee

	Name and surname	Signature	Date
Mentor			

Part IV. Appointment of the Committee for Defense

Proposal by the Faculty Council			
	Academic Title and Name	University	Faculty
Mentor			
Member of the committee			
Member of the committee			
Member of the committee			
Member of the committee			
Substitute member of the committee (from IUS)			

	Name and Surname	Signature	Date
Graduate Council's consent			

	Name and Surname	Signature	Date
Appointment approved by the Faculty Dean			



FOR GRADUATE OFFICE USE

Fulfillment of Requirements
-Pre-Defense-

Acquired ECTS		
Mentor Appointment	YES <input type="checkbox"/>	<input type="checkbox"/> NO
Thesis Proposal Approval	<input type="checkbox"/>	<input type="checkbox"/>
Track Transfer Approval	<input type="checkbox"/>	<input type="checkbox"/>
Diploma Validation Process	<input type="checkbox"/>	<input type="checkbox"/>
Thesis Registration	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____

Signature: _____