

FINAL EVALUATION OF PHD THESIS DEFENSE

(To be filled separately by each member of Final Defense Committee)

C						,			
Student's Full Name									
Student ID			-		-				
Date (DD/MM/YY)		<u>'</u>	'				<u>'</u>	'	
Program	☐ Biolog		☐ Electrical Eı☐ Mathemati☐ Physics			= =			
Current CGPA									
	L								
Term	□ Fall			☐ Spring			☐ Summer		
Academic Year	2	0			-				
Title of Thesis									
Comments	☐ Accept the t☐ Accept the t☐ Accept the t☐ Thesis is una	hesis with m hesis with m	inor chang						
Name and Signature o Evaluator:	f Special Conference	Date receive Coordinator Date Proce		PC:			omments	:	
Copy: □ Stud	ent □ RO		Г	☐ Advisor/ Supervisor			□ Department/DGPC		