**FORM NO : 4.13 (DOCTORAL) THESIS REVIEW EVALUATION FORM**

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| **T.C.**  **SELÇUK UNIVERSITY**  **DIRECTORATE OF HEALTH SCIENCES INSTITUTE** |

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| **STUDENT INFORMATION** | |
| **Name and Surname** |  |
| **Student No** |  |
| **Department** |  |
| **Advisor** |  |
| **Thesis Title** |  |

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| **PRESENTATION** | **Does the title of the thesis clearly and adequately describe the subject of the study?**  Yes Needs to be corrected |
| **Do the thesis chapters connect each other in a logical and analytical integrity and flow?**  Yes  No  **Please explain:** |
| **Can tables, figures and graphs be easily found in the text?**  Yes Needs to be corrected |
| **Is the References Index organized in accordance with the Thesis Writing Guide?**  Yes  No  **Please explain:** |

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| --- | --- |
| **AUTHENTICITY** | **Do you think the candidate gained the ability to conduct scientific research, access, evaluate and interpret information at the end of this study?**  Yes  No  **Which one(s) of the following qualities does this doctoral thesis fulfill?**  It has brought innovation to science.  It has developed a new scientific method.  It has applied a known method to a new field. |

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| **ENTRY** | **The problem that led to the research has been defined:**   Yes  No  **Hypotheses for solving the problem are clearly stated:**   Yes  No  Please state your opinions in accordance with the **Thesis Writing Guide**: |

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| **TOOLS AND METHODS** | Please state your opinions in accordance with the **Thesis Writing Guide**: |

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| **FINDINGS** | Please state your opinions in accordance with the **Thesis Writing Guide**: |

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| **DISCUSS** | Please state your opinions in accordance with the **Thesis Writing Guide**: |

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| **OTHER** | **You can specify other important points about the thesis in this section.:** |

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| **CONCLUSION** | This thesis, which has been examined by me, in accordance with Article 46 of the S. U. Graduate Education and Examination Regulations:  It is of acceptable quality.  It should be corrected within a given extra time.  It should be rejected. |

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| **JURY MEMBER** | |
| Name Surname |  |
| Department |  |
| University/Faculty |  |
| Thesis Defense Date |  |
| Signature |  |

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| **EXPLANATION** |
| * Within 3 working days after the exam is held, it should be sent to the Institute with a cover letter of the related Department. * This form should be filled out separately by each jury member and sent to the Directorate of this Institute together with the Examination Minutes after the Thesis Defense Examination. |
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