**FORM NO : 5.8. THESIS REVIEW EVALUATION FORM**

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

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| **STUDENT INFORMATION** | |
| **Name-Surname** |  |
| **Student No** |  |
| **Department** |  |
| **Advisor** |  |
| **Thesis Titel** |  |

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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  **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  **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 qualifications does this master's thesis meet?**  Brought innovation to science.  Developed a new scientific method.  Applied a known method to a new field. |

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| **ENTRY** | **The problem that led to the research was 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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| **MATERIALS, 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**: |

|  |  |
| --- | --- |
| **DISCUSSION** | 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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| **RESULT** | This thesis, which has been examined by me, in accordance with Article 29 of the S. Ü. Graduate Education and Examination Regulations, found to be  in acceptable quality.  It should be corrected with additional 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** |
| * This form should be sent to the Institute within 3 working days after the exam is held. * This form is filled out separately by each jury member and sent to the Directorate of Institute after the Thesis Defense Examination together with the Examination Minutes. |
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