**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 [ ]  NoPlease state your opinions in accordance with the **Thesis Writing Guide**: |

|  |  |
| --- | --- |
| **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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