

**Readiness to Defend Form**

Regarding: Defense Session for

|  |  |
| --- | --- |
| Student’s Name: | Last Name: |
| Program: | School/Center: |
| Student Number: | Level: |

We hereby confirm that the above student has held the preliminary defense with the supervisors and advisors.

Enclosed we send you the completed ***Preliminary Defense Assessment Form***, along with the supervisor’s confirmation of the student’s readiness for defense, and a copy of the thesis for the jury.

The defense session will be held on ……………….

Thesis Title: ………………………………………………………………………………………………………………………………………………….

Location: ………………………

Time: ………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination Board** | **Name & Surname** | **Rank** | **Workplace** | **Signature** |
| **1st Supervisor** |  |  |  |  |
| **2nd Supervisor** |  |  |  |  |
| **1st Advisor** |  |  |  |  |
| **2nd Advisor** |  |  |  |  |
| **3rd Advisor** |  |  |  |  |
| **Internal referee** |  |  |  |  |
| **Internal referee** |  |  |  |  |
| **External referee** |  |  |  |  |
| **External referee** |  |  |  |  |

 **--------------------------------------------- ----------------------------------- School’s Vice Dean for Educational Affair Department’s Head**

 **Center’s Vice Dean for Research Affairs Center’s Head**