**Doctoral Study Examination Record**

Workplace (Department) where the examination was performed:

**Name and Surname:**

Date of the examination:

Study field:

Supervisor:

**Subject:**

Written Examination Topic:

Oral Examination Questions:

**Test Result (Assessment):**

Name and signature of the Examiner (Board members):

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This record is drawn in 1 + 2 copies (Faculty of ME Study Dept., Department, PhD Student)