

ATILIM UNIVERSITY  
GRADUATE SCHOOL OF NATURAL AND APPLIED SCIENCES  
FORM FOR CERTIFICATE OF DISCHARGE FOR M.SC./PH.D. STUDENTS

Sent to : Directorate of the Graduate School

Sent by : ..... Head of DI (Department of Graduate School)

Name-Surname of the Student: ..... Student No: .....

Registered Programme: ..... Deficiency Program  M.Sc. (with thesis)   
M.Sc. (without thesis)  Integrated Ph.D.  Ph.D.  Special Student

Date of Starting the Programme; Academic Year: ..... Semester: .....

Last Registered Academic Year : ..... Semester: .....

Academic Standing in the Last Registered Semester: GPA: ..... CGPA: .....

Reason for Discharge : Own will  Graduation

Name-Surname of the Student Advisor: .....

**Remarks:** Student's application for discharge on his/her own will is

Approved  Not Approved  Signature of the Student Advisor: .....

Ground for Objection: .....

The student is eligible to graduate since s/he has completed 7 credit courses, seminar, non-credit courses stipulated by the Department of Graduate School and written his/her thesis/dissertation in the medium of instruction of the related Department of Graduate School successfully. His/her request for discharge is

Approved  Not Approved  Signature of the Student Advisor: .....

The student is eligible to graduate since s/he has completed 10 credit courses, non-credit courses stipulated by the Department of Graduate School and term project successfully. His/her request for discharge is

Approved  Not Approved  Signature of the Student Advisor: .....

The student is eligible to graduate since s/he has completed 7 (for the students who have been Accepted to the Ph.D. programme with M.Sc. (with thesis) diploma)/14 (for those who have been accepted with bachelor degree) in the Ph.D. programme, non-credit courses stipulated by the Department of Graduate School, passed the doctoral qualification exam, presented his/her dissertation proposal and written his/her dissertation in the medium of instruction of the related Department of Graduate School successfully. His/her request for discharge is

Approved  Not Approved  Signature of the Student Advisor: .....

Opinion of the DI : Approved  Not Approved

Ground for Objection : .....

\_\_\_\_\_ Date

\_\_\_\_\_ Head of DI

DI Document No: \_\_\_\_\_ Appendix: \_\_\_\_\_

Sent by: Graduate School of Natural and Applied Sciences

GSS Document Number:

Sent to: Directorate of Registrar's Office

Student's Application for Discharge is : Approved  Not Approved

\_\_\_\_\_ Date

\_\_\_\_\_ Director of Graduate School

**Four copies shall be filled in. Transcript shall be added to the form.**