

RESPONSE TO ASSESSORS COMMENT FORM

Department:										
Supervisor:										
Student's surname:										
Student's initials:										
Student number:										
Title of study:				ı	ı	ı	l	ı		
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ASSESSOR 1										
ASSESSOR'S COMMENT					STUDENT'S RESPONSE					
ASSESSOR S COMMENT							TUDEN	1 S KES	or Orion	
ASSESSOR 2										
A CCECCODIC COMMENT					STUDENT'S RESPONSE					
ASSESSOR'S COMMENT							TUDEN	1 'S KES	PONSE	
ASSESSOR 3										
ASSESSOR'S COMMENT						S	TUDEN	T'S RES	SPONSE	