**THESIS APPROVAL**

This is to certify that the thesis defense examination for the thesis titled “……………………………..…………………………………………………………..…..……...” (Title) prepared by …….………………….. (Full Name) with student number …………..…….. (Student Number) studying in the field of …………………………..………… (Department Name) Department ………………………………………………….……. (Program Name) Program has been conducted in accordance with the related clauses of the Graduate Studies and Examination Code of YÖK (Council of Higher Education) on … / … / ..... (Date) at … : … (Hour), and has been approved by majority of votes/by unanimous vote.

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| **Advisor** | **:** | ………..……………………….. / ………… | (Acad.Title-Full Name / Sign) |
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**Approval:**

The thesis has been approved by the Institute Board with the decision dated ….. /….. / ……. and numbered ……..........

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**Prof. Dr. …………………….**

**Director**