

 **T.C.**

 **BAHCESEHIR UNIVERSITY**

 **GRADUATE SCHOOL**

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 **MASTER THESIS APPROVAL FORM**

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| **Program Name:** |   |
| **Student's Name and Surname:** |   |
| **Name Of The Thesis:** |   |
| **Thesis Defense Date:** |   |

 This thesis has been approved by the Graduate School which has fulfilled the necessary conditions as

 Master thesis.

**……………………**

**Director of Institute**

 This thesis was read by us, quality and content as a Master's thesis has been seen and accepted

 as sufficient.

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| --- | --- | --- | --- |
|   | **Title, Name**  | **Institution** | **Signature** |
| **Thesis Advisor:** |   |  |   |
| **2nd Member** |   |  |   |
| **3rd Member (Outside Institution)** |   |  |   |