

**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** | **Signature** |
| **Thesis Advisor's** |  |  |
| **Member's** |  |  |
| **Member's** |  |  |