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 **MASTER THESIS APPROVAL FORM**

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| **Program Name:** |   |
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| **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.

**Assoc. Prof. Yücel Batu SALMAN**

 **Director of Graduate School**

 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** |   |  |   |
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