



**ATILIM UNIVERSITY
GRADUATE OF SOCIAL SCIENCES**

MASTER'S DEGREE THESIS TITLE SETTING FORM

Student ID:

Student:

Program:

Thesis Title:

____ / ____ / 20 ____

Address:

Phone:

Email: _____@_____

APPROVAL OF SUPERVISOR

The thesis title proposed by the student whose information is listed above has been approved.

____ / ____ / 20 ____

Supervisor

APPROVAL OF THE DEPARTMENT

The thesis title proposed by the student whose information is listed above has been approved.

____ / ____ / 20 ____

Department Chair