

**ATILIM UNIVERSITY  
GRADUATE OF SOCIAL SCIENCES**

**THESIS TITLE SETTING FORM**

Student ID:

Student:

Program:

ORCID Number:

Thesis Title:

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Address:

Phone:

Email: \_\_\_\_\_ @ \_\_\_\_\_

**APPROVAL OF ADVISOR**

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

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Advisor

**APPROVAL OF THE DEPARTMENT**

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

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Department Chair