

ATILIM UNIVERSITY

GRADUATE SCHOOL OF HEALTH SCIENCES

### THESIS TITLE SETTING FORM

Student ID:

Student name and surname:

Program:

Thesis Title:

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Address:

Phone:

Email: @

APPROVAL OF ADVISOR

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

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 Advisor

APPROVAL OF THE DEPARTMENT

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

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 Department Chair