

ATILIM UNIVERSITY

GRADUATE SCHOOL OF HEALTH SCIENCES

### THESIS TITLE SETTING FORM

Student ID:

Student name and surname:

Program:

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