Approval of the Institute of Social Sciences

Prof. M. Fazıl GÜLER

Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Doctor Philosophy (PhD).

[Signature]

[Title and Full Name]

……………………

Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Doctor Philosophy (PhD).

[Signature]

[Title and Full Name]

……………………...

Supervisor

**Examining Committee Members**

[Title and full name of the **supervisor**] [Institution]

………………………………………………………………………………………………....

[Title and full name of the c. member] [Institution]

…………………………………………………………………………………………………..

[Title and full name of the c. member] [Institution]

…………………………………………………………………………………………………..

[Title and full name of the c. member] [Institution]

………………………………………………………………...

[Title and full name of the c. member] [Institution]

………………………………………………………………..