THESIS TITLE

by

Name Surname

Graduate Education Institute Approval

...…….…………………

Prof. Alper ALTINANAHTAR

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).

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[Signature]

[Title and Full Name]

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