THESIS TITLE

by

Name Surname

Graduate Education Institute Approval

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 Prof. Alper ALTINANAHTAR

 Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master.

 …………………..…..

 [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 Master of Arts.

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