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.

.………………………..

[Signature]

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Supervisor

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