**T.C.**

**BEYKOZ UNIVERSITY**

**INSTITUTE OF GRADUATE PROGRAMS DIRECTORATE**

**…/…/.20..**

**Master's Thesis Approval Certificate**

The thesis titled “………………………………………………” of student …………. ……………………. , with the student number …………. …and who is a student of our Institute’s ……………………. Department …………………. Thesis Master’s Program, has been …………… as Thesis Master’s thesis by the jury formed by the decision of our Institute’s Board of Directors dated ../../…. and numbered 20../..

 **Full Name of the Faculty Member Signature**

**Thesis Defense Date :../../20..**

**1) Thesis Advisor: ……………………………………. …………………**

**2) Jury Member: ………………………………………... ...……………….**

**3) Jury Member: ……………………………………….. ………………….**

Note: This form will be **signed** if the student **successfully** defends their thesis. Otherwise, it is invalid.