

MASTER WITHOUT THESIS TERM PROJECT SUBMISSION FORM

Date:/...../.....

To İKÜ Directorate of Graduate Programs Institute,

I declare that the project written by the student I supervise, whose information is given below, has been completed on the specified date, and that it is suitable in terms of form, content, and scientific competence.

SUPERVISOR'S

Title	:
Name-Surname	:
University	:
Department	:

STUDENT'S

Name-Surname	:
Institute No	:
Department	:
Program	:

PROJECT TITLE

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Supervisor's Signature	Student's Signature	Institute Officer's Signature