**MASTER’S DEGREE THESIS DELIVERY FORM**

**TO THE DIRECTORATE OF THE INSTITUTE OF SCIENCE**

I took the thesis defense exam on *DD* / *MM* /*20YY* in the Fall/Spring semester of the *20YY* / *20YY* Academic Year in the …………………………………………................................... Program of your Institute. I undertake herewith that the binding thesis and CDs (in PDF format) that I will submit cover the entire thesis. Otherwise, I declare that I'm responsible for.

I kindly submit your information for its necessity.

 *DD* / *MM* /*20YY*

………………………………….....

**Appx.:** **(Student's Name, Surname, Signature)**

1- Bound Thesis (2 pcs)

2- Thesis Data Entry Form (1 pc)

3- CD (1 pc)

4- Turnitin Report (Advisor approved)

5- Thesis Defense Exam Report

6- Thesis Format Review Form

The final form of the thesis was checked and it was deemed appropriate to submit the thesis.

*DD* / *MM* /*20YY*

………………………………….....

**(Thesis Advisor Title, Name, Surname, Signature)**

The final form of the thesis was checked.

*DD* / *MM* /*20YY*

………………………………….....

**(Institute Assistant, Name, Surname, Signature)**

Secretary of the Institute receiving the thesis;

*DD* / *MM* /*20YY*

………………………………….....

**(Name, Surname, Signature)**