|  |
| --- |
| **1. GENERAL INFORMATION** |
| **Student Number** | **:** |  |
| **Student Name Surname** | **:** |  |
| **Student email / Phone Nr.** | **:** |  |
| **Department** | **:** |  |
| **Thesis Start Period** | **:** |  |
| **Turkish Title of Thesis** | **:** | *Should be short, understandable and explain the subject of the thesis a.s.a.p.* |
| **English Title of Thesis** | **:** |  |
| **Ethics Committee Report** | **:** | ⃝ | **The application has been made. Application document is attached.** | ⃝ | **Not necessary.** |

***Notice:*** *The purpose of the research should be clearly stated in this section. Type area can be extended as long as necessary.*

**2. THESIS'S PURPOSE**

**3. THESIS'S IMPORTANCE**

***Notice:*** *The research to be carried out in this section; the benefits to science, practice and society, the place and importance of previous research on similar subject matter should be explained. Type area can be extended as long as necessary.*

***Notice:*** *In this section, what material will be used in the research, how, in what way and when; the trial plans and methods that are intended to be implemented in order to achieve the goal; how and how the data to be obtained should be explained in detail by showing the source. Type area can be extended as long as necessary.*

**4. MATERIALS AND METHODS**

***Notice:*** *In this section, resources related to the subject of research should be given in accordance with the SBE (Inst. of Social Sciences) Thesis Writing Guide. Type area can be extended as long as necessary.*

**5. BASIC RESOURCES**

|  |
| --- |
| **6. THESIS PLANNING AND WORKING CALENDAR** |
| *The start and end times of each stage details in the material and method section should be specified in the following table.* |
| **Major Stages** | **Detailed Information** | **Schedule** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# ADVISOR’S OPINION

I hereby submit to your kind information and requirements for the acceptance of the Master's Thesis Proposal of the student who I am supervising, whose name and surname is mentioned above.

…../…./ 20……

……………………………

(Advisor's Title, First, Last Name, Signature)

# TO THE GRADUATE SCHOOL OF HEALTH SCIENCES DIRECTORATE

**Number : Date :** …… / …… / 20……

In accordance with the approval of the student and student advisor mentioned above, the Master's Thesis Proposal has been deemed appropriate by our Department.

I kindly submit to your information.

…………………………………….

Head of Department (Title, Name Surname, Signature)