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**TO THE GRADUATE SCHOOL OF HEALTH SCIENCES DIRECTORATE**

**Subject:** Project Delivery

**Date :** ….. /…. / 20..

Our Institute ……………………………………………………………. Non-Thesis Master's Program ………………………. Student No. ....................................................................................................... “...............……………………………………………………………………………………………………………...……......

…………………………………………………………..” has completed the project work on the above-mentioned topic, and it has been deemed appropriate to submit it to the Institute.

**PROJECT ADVISOR**

**(Title, Name Surname)**

**Appendix :**

**- 1 Project Work (Cardboard Binding)**

**- 1 CD containing the Project Work**

**- Turnitin Report**