|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| **C:\Users\İnci\Desktop\Ekran görüntüsü 2025-06-03 215731.png** | **T.C.****ÜSKÜDAR UNIVERSITY****GRADUATE SCHOOL OF HEALTH SCIENCES** |  |

**NON-THESIS MASTER'S DEGREE PROJECT SUBMISSION FORM** |

**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**