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| **Student’s Full Name** |  |  |  | **Number:** |
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| **Department** |  |
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| **Program Name** |  |
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| **Phone** |  | **E-Mail:** |
| **Thesis Advisor****Title – Full Name** |  |  |
|  |
|  |
| **Second Thesis Advisor** |   |  **No** |  |  |  **Yes** | **Title – Full Name (University – Faculty – Department – E-Mail)** |
|  |  |  |
| **Interim Report Date** | ... /... /20.. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Interim Report Meeting No** |  | [ ]  **1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8** |
|  |  |  |  |
| **Thesis Title** |  |
| **Signature** |  |
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| **VIEWS ABOUT THE THESIS (\*):** |
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| **STUDENT’S THESIS RECOMMENDATION REPORT IS REVIEWED, AND:** |
| **Successful** |  |
| **Unsuccessful** |  |
| **Has not submitted a report to our committee** |  |

**Advisor**

**Member**

**Member**

**Title** – **Full Name**

**Title** –

**Full Name**

**Title** –

**Full Name**

 **(Signature)**

**(Signature)**

**(Signature)**

\*Will be filled-out by the thesis advisor

\*\*Thesis Review Activity Report needs to be attached.

**ACIBADEM MEHMET ALI AYDINLAR UNIVERSITY POSTGRADUATE EDUCATION AND TRAINING BY-LAW (01.29.2017/29963)**

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