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| **STUDENT’S** | | |
| **Name, Surname:**………………………………………  **Faculty Number:**……………………………………… | | |
| **ADVISOR** | | |
| I accept the duty of being the ADVISOR for the graduation thesis to be submitted by the aforementioned student in the 10th semester of the 2024–2025 Academic Year. …./…../20…. | | |
| Title, Name, Surname:………………………………… Signature:………………………… | | |
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