|  |  |  |
| --- | --- | --- |
| *Add your photo (6X6 cm in size)* |  | **TITLE OF THE THESIS**  **Name SURNAME**  **EGE UNIVERSITY**  **GRADUATE SCHOOL OF HEALTH SCIENCES**  **………………………. DEPARTMENT**  **……………. PROGRAM**  **GRADUATION YEAR:** *Only Year* |
| CONTACT E-MAIL:  ornekeposta@eposta.com  ORCID-NO:  ORCID-NO |  | SUPERVISOR …... DR.Name Surname  ORCID-NO: EGE UNIVERSITY GRADUATE SCHOOL OF HEALTH SCIENCES  …………………. …………. DEPARTMENT  İZMİR – TÜRKİYE  E-MAIL: |
|  | ABSTRACT Write the summary of the thesis in maximum **800 characters and in two paragraphs.** It is not necessary to include the entire abstract of the thesis here.  The entire form should not exceed one page.  **Keywords:** ……; ……; |
|  | IMPACT & value added Write the application areas of the results of the thesis in maximum 800 characters and in two paragraphs. The entire form should not exceed one page. |