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## CUKUROVA UNIVERSITY

**TO THE DIRECTORATE OF THE INSTITUTE OF MEDICAL SCIENCES**

**Date:…..** /…../……….

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| Thesis Title / Subject:   |  | | --- | | **Plagiarism Program Outcome Evaluation RESULT:**  **Similarity ratio**:  (Explanation is required if the similarity rate is above the accepted limits.) | |  |   I examined the Cukurova University, the Institute of Medical Sciences Application Principles for Obtaining and Using the Thesis Study Affinity Report, and according to the maximum similarity rates specified in these Application Principles, my thesis does not contain any plagiarism; I declare that I accept all kinds of legal responsibility that may arise in a possible situation where the opposite is determined and that the information I have given above is correct.  I respectfully submit it.  Signature  Student Name  …../…../……… | | | |
| **Name:** |  |
| **Student number:** |  |
| **Major / Major Art Branch:** |  |
| **Degree:** | Master’s  Doctorate  Proficiency in Art |
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**EXPLANATION** (*If the similarity rate is* ***above the accepted limits****, it is mandatory to make the necessary explanation to this part.*)