|  |
| --- |
| Student Number : ……………………………………………………  Full Name : ……………………………………………………  Department : ……………………………………………………  Address : ………………………………………………………………………………….  ……………………………………………………………………………………………………..............  Phone Number : ………………………………. E-mail: ……………………………………….  Reason of dismissal Graduation Dismissal Other |
| There is no relationship between our Institution and the student who is mentioned above.  **Signature**  **Date**  **Supervisor’s Title and Full Name**:………………………………………………….. ……/……/20.…  **Head of the Department** :………………………………………………….. ……/……/20.…  **KBU Central Library** :………………………………………………….. ……/……/20.… |
| Seminar Subject (Turkish) :…………………………………………………………………………………….  Seminar Subject (Eng.) :…………………………………………………………………………………….. |
| |  |  |  | | --- | --- | --- | | **AREA FOR SIMILARITY DETECTION (PLAGIARISM DETECTION)** | | | | **Thesis Title** | ……………………………………………………………………………….  ……………………………………………………………………………… | | | **Application** | TURNITIN | Date: …../…../20…. | | **Similarity Rate (%)** | % ………. (This is to be filled by the Institute) | | | **Explanations**  1) If the similarity rate is 24% and above, the thesis will not be accepted by the Graduate Education Institute. Except for ınner Cover, Acknowledgment, Contents, Bibliography, this rate should be 24% at most.  3) The thesis, which is not approved by the jury in terms of thesis originality, will not be uploaded to the similarity program by the Institute for the second time.  4) If the thesis is not approved for the second time with the similarity program after the submission of the thesis by the Institute, the student will not be graduated. | | |   **Field to be filled by the Institute**  It will be checked and signed by the similarity checker with the similarity program.  **Similarity Checker**  Full Name: .........................................................  Check Date : ...../...../20... Signature:……………..  **Approver**  Title, Full Name : .............................................  Signature:,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  **Field To Be Filled By The Student;**  I approve that the similarity program of my thesis is also archived in the database. I agree that all written information above is correct.  🞏 Master’s Thesis 🞏 Ph.D Disseration  **Student**  Full Name: ...........................................  ...../...../20...  Signature:,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |