

(Image / Graphics) - (Optional)

**Thesis title**

Subtitle

Candidate Full Name

Thesis to obtain the Master of Science Degree in **Mechanical Engineering**

Supervisor(s): Prof./Dr./Eng. (Full name)

**Examination Committee**

Chairperson: Prof./Dr./Eng. (Full name)

Supervisor: Prof./Dr./Eng. (Full name)

Member(s) of the Committee: Prof./Dr./Eng. (Full name)

**Month and Year**