



## APPLICATION FOR TAKING COURSE FROM ANOTHER INSTITUTE

.../.../20...

STUDENT INFORMATION	
Student Number	
Name, Surname	
Department	
Program	<input type="checkbox"/> Master (with thesis) <input type="checkbox"/> Ph.D
Contact Information	E-mail : Phone :

I, the undersigned, respectfully request to take the courses given information about their content in 20....-20.... Fall / Spring Semester from hereinbelow mentioned university and institute.

Your immediate attention to this matter is appreciated.

**Student Name and  
Surname:**  
**Signature:**

INFORMATION OF COURSE(S) TO BE TAKEN				
Course Code	Course Name (Turkish and English)	Name of the University and Institute where the course is taken	Language of Instruction	ECTS
<b>Total ECTS</b>				

**Attachment:** Content of the courses in Turkish and English concerned university

**Decision of the Institute that the Student register:**

Approved / Unapproved  
Advisor Name Surname  
Signature

**President of the Main Branches of Science**

Approved / Unapproved  
Name Surname  
Signature