



REQUEST FOR COURSE SELECTION FROM ANOTHER DEPARTMENT

I am, the undersigned, a student in program, department of your institute. I respectfully request for taking the courses mentioned hereinbelow. Your immediate attention to this matter is appreciated.

Date :
Name Surname :
Signature :

COURSES THAT THE STUDENT DESIRE TO SELECT:

Code	Name of Course	Instructor	Credit

Decision of department that the student enrolled:

Approved / Unapproved

President of Main Branch of Science

Date / Signature

Decision of department that the student desire to select course:

Approved / Unapproved

President of Main Branch of Science

Date / Signature

Permission of the Institute

Approved / Unapproved

Date / Signature