**APPLICATION FOR TAKING COURSE FROM ANOTHER INSTITUTE**

…./…./20…

|  |
| --- |
| **STUDENT INFORMATION** |
| Student Number |  |
| Name, Surname |  |
| Department |  |
| Program | ☐ Master (with thesis) ☐ 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:** |  |

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| **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 |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total ECTS**  |  |

**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