TO T.C.
BEYKOZ UNIVERSITY

…… Rectorate / V.S. Directorship,

…..... /..... / ……

MINOR APPLICATION FORM

I would my application to be evaluated to the minor program in the Fall / Spring semester …… ./ …… .... of the academic year.

GENERAL INFORMATION

Turkish Identity Number	
Student number	
Name and surname	
Major Program	
Class / Semester	
Grade Point Average (GNO)	

PROGRAM PREFERENCES REQUIRED TO STUDY AS MINOR

1.	
2.	
3.	

APPLICATION EVALUATION

☐ **GNO is suitable.**
☐ **There is no failed course.**

Required document for application

1. Transcript

Signature……

Form No	Revizyon Tarihi	Revizyon No	Basım Tarihi	Sayfa
GS.OIM.F.17	22.12.2017	001	29.04.2020 **	1/1

Bu dokümanın güncelliği sadece **"BASIM TARİHİNDE"** geçerlidir.
***** GÜNCEL DOKÜMAN İÇİN AĞA BAKINIZ *****