**REQUEST FORM FOR TAKING COURSES FROM OUTSIDE THE INSTITUTE/FROM ANOTHER DEPARTMENT** …./…./20…

|  |  |
| --- | --- |
| **STUDENT INFO** | |
| Student Number |  |
| Name-Surname |  |
| Department |  |
| Program | ☐ Master (with thesis) ☐ Master (without thesis) ☐ PhD |
| Contact Info | E-Mail: Phone: |

In the 20…...-20..…. Fall / Spring semester I would like to take the course specified below from the university and institute /……………………………………. Department ....................................................... Master’s/PhD program.

I hereby submit the necessary information for your consideration.

|  |  |
| --- | --- |
| Student’s Name and Surname: |  |
| Signature: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INFORMATION ABOUT THE COURSE(S) TO BE TAKEN** | | | | |
| Course Code | Course Name  (Turkish and English) | University and Institute/Department and Program where the Course will be taken from | Language of Instruction | ECTS |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total ECTS** | | | |  |

**ANNEX**: English and Turkish course contents of the relevant university.

**Opinion of the Student's Registered Department:**

Approved / Not Approved

Name Surname / Signature

**Head of Department’s Opinion:**

Approved / Not Approved

Name Surname / Signature