

# COURSE REGISTRATION FORM

…/…/…

# GRADUATE SCHOOL DIRECTORATE

 I am a student in ………. department of Fenerbahçe University Graduate School.

In the ………. semester of the …. / ….. Academic Year, I could not register within the normal registration period due to the excuse I stated below. I kindly submit to your information what is necessary for my registration and the addition of the courses I have mentioned below.

Sincerely,

# Name Surname :

**Student ID :**

# Email :

**Phone Number :**

# Signature:

**Excuse:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Course Code** |  **Course Name** | **Credit** | **ECTS** | **Group** |  **Courses to be Taken Instead**  **(if any)** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |

# Advisor Approval Financial Affairs Directorate

Name – Surname: Name – Surname:

Date – Signature: Date – Signature:

Address: Atatürk Mah. Ataşehir Bulvarı, Metropol İstanbul, 34758, Ataşehir – İSTANBUL Tel: 0 216 910 1907 / 0 850 336 1907

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