

# FENERBAHÇE UNIVERSITY GRADUATE SCHOOL

# TAKING COURSES FROM ANOTHER DEPARTMENT

…../…../20….

I am a student of the ……… Department of ……… master's / doctorate program. I would like to take the following course from the ………… master's/doctorate program of the Department of …………..

I kindly request your information.

 Name Surname:

 Phone Number: Email Address:

 Date: Signature:

**Courses Student Wants to Take**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Course Code** | **Course Name**  | **Faculty Member** | **T** | **P** | **C** | **ECTS** |
|   |   |   |   |  |  |  |
|   |   |   |   |  |  |  |
|   |   |   |   |  |  |  |

**Assessment of The Department Student is Registered at:**

 Approved / Not Approved

**Head of Department**

Name Surname: Signature:

**Assessment of The Department Student Wants to Take a Course From:**

 Approved / Not Approved

**Head of Department**

Name Surname: Signature:

**Graduate School Approval:**

 Approved / Not Approved

Date: Signature: