

# FENERBAHÇE UNIVERSITY GRADUATE SCHOOL

# LATERAL TRANSFER APPLICATION FORM

 …. /...…/20….

 I am a non-thesis/thesis/doctorate student at …………………………………………………………….…… university ……………………………………………………….……. Graduate School, department …………………………………, ………………………………… student number ……………………………………….…….

I would like to make a lateral transfer to the ……………. Department.

After evaluating my application, I request an exemption based on the attached transcript (achievement status document) and course contents of the University where I studied before.

I kindly request your information.

 Name Surname:

 Phone Number: Email Address:

 Date: Signature:

|  |  |
| --- | --- |
| COURSES TAKEN IN THE PREVIOUS PROGRAM | ADAPTATION COURSES IN THE NEW PROGRAM |
| Course Code  | Course Name  | T | P | C | ECTS  | Letter Grade  | Course Code | Course Name | T | P | C | ECTS | Letter Grade  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

 **Appendices**: Transcript/ Course content.