

# 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:

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| 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 |
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**Appendices**: Transcript/ Course content.