

**FENERBAHÇE UNIVERSITY GRADUATE SCHOOL**

**TAKING COURSES FROM ANOTHER INSTITUTION**

 …/…/20…

|  |
| --- |
| **STUDENT INFORMATION**  |
| Name Surname |   |
| Student ID |   |
| Name of Department |   |
| Level of Program |  Master's (Non-Thesis) Master's (Thesis) Doctorate  |
| Name of Program |  |
| Phone Number |  |
| Email Address |  |

I would like to take the courses given below from the specified University and Graduate School in the 20….../ 20…..Fall/Spring semester.

I kindly request your information.

Name Surname: Signature:

Date:

**Information on Courses to be Taken**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Code** | **Course Name**  | **Name of University and Graduate School Course is Taken** | **Language** | **T** | **P** | **C** | **ECTS** |
|   |   |   |   |  |  |  |  |
|   |   |   |   |  |  |  |  |
|   |   |   |   |  |  |  |  |

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

 Approved / Not Approved

**Advisor**

Name Surname:

Date: Signature:

 **Head of Department/Art Department:**

Name Surname:

Date: Signature:

 **Appendices**: the course content of the related university.