

## **COURSE REGISTRATION FORM**

Student's:					
Student Number	:	:			
Name – Surname	:	:			
Mobile Phone	:	E-Mail :			
Faculty / Vocational School Department / Institute	/	:			
Department / Progra	m :				
	Usual Education	Evening Ed	lucation		
1					
To be filled in by t allowed)	he Financial Affairs Direct	torate. (If no	ot approved, course sel	ection is no	
Debt free. Registrati	on APPROVED <u>.</u>	Has debts. Registration <b>NOT APPROVED.</b>			
Authorized		Authorized			
Name – Surname:	Date:/	Name – Surname: Date:/			
	Signature:	Signature:			
To be filled in by the	e academic supervisor				
COURSE CODE	COURSE NAMI	COURSE NAME		ECTS	
			ECTC 4-4 1		
			ECTS total		

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It is approved for the student to enroll in the courses above.	Academic Supervisor			
	Name-Surname:			
	Date / Signature:			
To the Directorate of Student Affairs				
I accept, declare and undertake that I will not request changes in the courses above, and that I will not have any objections if the aforementioned courses cannot be taken due to the reasons stated in the relevant regulation and/or directive. I request that the course selection process be carried out accordingly.				
Student's Name-Surname:	Date / Signature:			

## To be filled in by the directorate of student affairs

The conformity of the above information to the records has been checked and course registration is approved.

**Authorized Personnel's** 

Name-Surname: Date / Signature:

## Dear Student

Please consider the following steps in the given order.

- 1- Submit this form to the directorate of student affairs. (If not done, registration is not valid)
- **2-** Get 2 copies of the approved form from the directorate of student affairs, submit one to the directorate of financial affairs and keep one with you.

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