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| ÖĞRENCİNİN KAYITLI OLDUĞU ÜNİVERSİTE BİLGİLERİ *(Information of The University Where The Student is Registereted)* |
| Adı-Soyadı *(Name-Surname)* |  |
| Üniversite Adı *(University Name)* |  |
| Enstitü Adı *(Institute Name)* |  |
| Anabilim Dalı *(Department)* |  |
| Programı *(Program)* |  |
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|  | **Tezli** **Yüksek Lisans** |  | **Tezli** **Yüksek Lisans (İngilizce)** |
|  | *(Master of Science Thesis)*  |  | *(Master of Science Thesis (English))* |
|  **Doktora** *(Doctor of Philosophy)* |

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| * **ÖĞRENCİNİN DERS ALMAK İSTEDİĞİ ÜNİVERSİTE BİLGİLERİ**

*(Information of The University Where The Student Wants to Take Courses)* |
| Üniversite Adı *(University Name)* |  |
| Enstitü Adı *(Institute Name)* |  |
| Anabilim Dalı Adı *(Department Name)* |  |
| Programı *(Program Name)* |  |
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|  | **Tezli** **Yüksek Lisans** |  | **Tezli** **Yüksek Lisans (İngilizce)** |
|  | *(Master of Science Thesis)* |  | *(Master of Science Thesis (English))* |
|  **Doktora** *(Doctor of Philosophy)* |

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| Ders Yılı *(Academic Year)* | **20........ / 20.......** |
| Dönem *(Quarter)* |  **Güz** *(Autumn)*  **Bahar** *(Spring)*  |
| Telefon *(Phone)* |  |
| E-Posta *(E-mail)* |  |
| Enstitünüz …………………………………………………….. Anabilim Dalı …………………………............................... (Tezli YL./Tezli YL.(İngilizce)/Doktora) programından aşağıda belirtilen dersi/dersleri almak istiyorum. *(In Your Institute; I would like to take the course(s) specified below without being formal student from the ........................................................................................... (Master's Degree with Thesis/Master's Degree with Thesis (English)/Ph.D.) program.)*Gereğini saygılarımla arz ederim. *(I present it with due respect.)*

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| **Dersin Kodu***(Course Code)* | **Dersin Adı**(Course Title) | **Kredisi***(Credit)* | **Dersin Sorumlu** **Öğretim Üyesi Adı-Soyadı** *(Name-Surname of Institute Member Responsible for the lesson)* | **Onayı***(Approval)* |
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| **Öğrenci Adı-Soyadı***(Student Name-Surname)***(İmza)***(Signature)***......./......./20.....** |

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* **ANABİLİM DALI BAŞKANI ONAYI** *(Approval of The Head of The Department)*
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| **.........................................................................****Danışman** *(Superviser)*(Unvan, Ad Soyad, İmza)*(Title, Name-Surname, Signature)* | **.........................................................................****Anabilim Dalı Başkanı** *(Head of the Department)*(Unvan, Ad Soyad, İmza)*(Title, Name-Surname, Signature)* |

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