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| **TO THE DEPARTMENT OF** .................................................................................... I am a joint **Ph.D/ Master’s/ Non-Thesis Master’s** student in your department. I would like to register in the courses that arespecified with code, name, credit below in the department of **……………………..** at …….. University in ……… Academic Year for **Spring/ Fall** Semester.   Kindly submitted to your necessary action. ........./........./20... ……..…………................................................. (Full Name, Signature)**Address:**  :....................................................................................................................... :....................................................................................................................... :.......................................................................................................................**Phone Number: Home**:................................................................................................................. **Office**:.................................................................................................................. **GPS**:..............................................................................................................**E-mail:** .........................................................@..........................................................**Demanded Courses :**

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| **Code** | **Name of the Course** | **Credit** | **ECTS** |
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| **Supervisor Approval** As a supervisor of the student, I deem appropriate that s/he takes the courses which are mentioned above........./........./20... ……………….......................................................... (Title, Full Name, Signature) |