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| **TO THE DEPARTMENT OF** ....................................................................................  I am a joint **Ph.D/ MA&MSc with Thesis / MA&MSc without Thesis** 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:** .................................................................................................................  **E-mail:** .........................................................@..........................................................  **Demanded Courses :**     |  |  |  |  | | --- | --- | --- | --- | | **Code** | **Name of the Course** | **Credit** | **ECTS** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Supervisor Approval**  The course request from the indicated University is deemed appropriate by me as a supervisor of the student.  ......../........./20...  ………………..........................................................  (Title, Full Name, Signature) |