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| **TO THE DEPARTMENT OF …………….**  I am a student of **Master's / Ph.D/ Master’s without Thesis** program in your department with the following Student ID number…………………………. The period, semester, code, name, credit and grade that I have been successful in my period of student status are indicated below. I sincerely submit these courses to be transferred to my my Graduate credit.  **........./........./20.......**  **................................................**  **(Full name, İmza)** |
| **Address:**  **.......................................................................................................................**  **.......................................................................................................................**  **Telephone Number: .......................................................................................................................**  **E-mail: .........................................................@..........................................................**  **Courses to be transferred :**  **From another institute**  **As a special student**  **From another program**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Period | Academic Year | Course Code | Name of the Course | Credit | Midterm | Final | Average | Letter grade | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |   **Attachment:** Transcript  **APPROVAL OF SUPERVISOR**  I am supervising on the student………………………………I deem appropriate that the above-mentioned courses are transferred to the student’s transcript.  .  **......../........./**20.**.....**  **.........................................................**  Title, Full Name, Signature  **Note: Submit the relevant form to your Head of Department.** |