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| **TO THE INSTITUTE OF GRADUATE STUDENTS** I am a student of **Non-Thesis Master’s / Master’s / Ph.D** program in the department of …………………with the following student ID ………………………. I would like to register in the courses which are offered in the department of …………………… Kindly submitted to the necessary action.  ........./........./20.... Full Name, Signature |
| **Courses demanded from another program or department**

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| **Code** | **Name** | **Lecturer** | **Approval (Signature)** |
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**Approval of Supervisor**I deem appropriate that the student, whose identity is given above, takes the courses s/he demands. ......../........./20.... ......................................................... (Title, Full Name, Signature)**SIGNIFICANT NOTE :** **1. Student affairs staff will not take lessons. The specified courses will be listed among the courses the student can take!****2. This form will be delivered to the Institute after the signatures are completed.** |