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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**   |  |  |  |  | | --- | --- | --- | --- | | **Code** | **Name** | **Lecturer** | **Approval (Signature)** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |     **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.** |