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| **TO THE INSTITUTE OF GRADUATE PROGRAMS** In line with my information below, I declare that I meet the conditions required by the Regulations of Karabük University Postgraduate Education and Examination. I kindly submit it to your necessary action regarding the acceptance of my transfer application to the department of ………………. ........./........./20.... (Full Name, Signature) |
| **Student Info****Program** **:** [ ]  Master’s [ ]  Ph.D**Full Name :** …………………………………………………………………………**Phone Number :** …………………………………………………………………………**E-Mail :** …………………………………………………………………………**University :** …………………………………………………………………………**Department :** …………………………………………………………………………**Academic Year / Period :** …………………………………………………………………………**ATTACHMENTS :** 1-Student Certificate 2-Transcript (Graduate and Postgraduate transcripts) 3-Photocopy of ID card 4-Criminal Record 5-YÖK Recognition Certificate 6-Certificate of Foreign Language Result (for Ph.D) |