|  |
| --- |
| **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.** |