|  |
| --- |
| **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) |