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| **TO THE DEPARTMENT OF** ....................................................................................  I am a joint **Ph.D/ Master’s/ Non-Thesis Master’s** student in your department. I would like to register in the courses that arespecified with code, name, credit below in the department of **……………………..** at …….. University in ……… Academic Year for **Spring/ Fall** Semester.    Kindly submitted to your necessary action.  ........./........./20...  ……..………….................................................  (Full Name, Signature)  **Address:**  :.......................................................................................................................  :.......................................................................................................................  :.......................................................................................................................  **Phone Number: Home**:.................................................................................................................  **Office**:..................................................................................................................  **GPS**:..............................................................................................................  **E-mail:** .........................................................@..........................................................  **Demanded Courses :**     |  |  |  |  | | --- | --- | --- | --- | | **Code** | **Name of the Course** | **Credit** | **ECTS** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Supervisor Approval**  As a supervisor of the student, I deem appropriate that s/he takes the courses which are mentioned above.  ......../........./20...  ………………..........................................................  (Title, Full Name, Signature) |