

İstanbul Gelişim University

To the Student Affairs

Date:

I would like to take the following courses from İstanbul Gelişim University as a special student in the 2020-2021 Academic Year Summer School.

Kindly request you to do the needful.

Name Surname :

Signature:

**Student to apply;**

Name Surname :

TR Identity No :

Address :

Phone :

e-posta :

**Educational information of student to apply;**

University Name :

Faculty/Collage Name :

Department/Program Name :

Class :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No\*** | **Course Code** | **Course Name** | **Faculty/College Which the Course Belongs to** | **Department /Program Which Course Belongs to** | **Credit** | **ECTS** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

\*Courses will be listed in order of priority.