|  |  |  |  |
| --- | --- | --- | --- |
| **Öğrenci No Student #** |  | | |
| **T.C. Kimlik No Identity # of the RT** |  | | |
| **Pasaport No (Yabancı Kontenjan İçin) Passport #(for foreign student**  **contingent)** |  | | |
| **Adı Soyadı**  **First and Family Name** |  | | |
| **Fakülte/ Yüksekokul/ MYO Faculty / School / Vocational School** |  | | |
| **Bölümü / Programı**  **Department / Program** |  | | |
|  | ( ) ÖSYM | ( ) DGS | ( ) Yatay Geçiş |
| **Kayıt Türü** | ( ) SSPC | ( ) VTE | ( ) Lateral Transfer |
| ( ) Yetenek Sınavı | ( ) Yabancı Kontenjan | ( ) ÇAP |
| **Enrollment Type** | ( ) Talent Exam | ( ) Foreign Student Contingent | ( ) DMP |
| ( ) Erasmus | ( ) Özel Öğrenci | ( ) Diğer |
|  | ( ) Erasmus | ( ) Special Student | ( ) Other |
| **Adres Address** |  | | |
| **Telefon No / E-Posta**  **Phone # / E-mail** |  | | |

….…………………………………………………... **MÜDÜRLÜĞÜNE/ DEKANLIĞINA/ DAİRE BAŞKANLIĞINA, To the Directorate / Dean’s Office / Head of Department of** ….…………………………………………………...

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………………………………………………………………………………………………………………………………… Gereğini bilgilerinize arz ederim.

I kindly submit for necessary actions.

**Ekler: Annexes:**

**Tarih :**

**Date :**

**İmza :**

**Signature :**

**Ad Soyad :**

**First and Family Name :**