



**T.C.**  
**YAŞAR UNIVERSITY RECTORATE**  
**Student Affairs Directorate**

**ELECTIVE COURSE SUBSTITUTION FORM**

<b>Name - Surname :</b>
<b>Student Number :</b>
<b>Faculty/School/ Voc. School:</b>
<b>Class Year:</b>
<b>Academic Year/Term:</b>
<b>Telephone :</b>

NO	CODE OF THE ELECTIVE COURSE	NAME OF THE ELECTIVE COURSE	CREDIT/ ECTS	CODE OF THE COURSE TO BE SUBSTITUTED	NAME OF THE ELECTIVE COURSE	CREDIT/ ECTS
1						
2						
3						
4						
5						

***\*Course Substitution could only be made for elective courses.***

*Academic Advisor Statement:*

*Academic Advisor Name - Surname:*

*Date :*

*Academic Advisor Signature :*

*Student Signature: ... ..*

*Date... ..*