



T.C. YAŞAR UNIVERSITY

Credit/Hour Payment-based Course Registration Request Form for Associate/Undergraduate Degree Students

I am a student at the Department of of the Faculty/School/Vocational School of with the student number at class. I will be a prospective graduate with.... ECTS by taking below-mentioned courses. I hereby request to take... ECTS course as per Article 16-(6) of Yaşar University Associate and Undergraduate Degree Education and Examination Regulation.

I would like to submit to your attention.

YAŞAR UNIVERSITY COURSE INFORMATION

COURSE CODE	COURSE NAME	COURSE CREDIT	COURSE ECTS
1			
2			
3			
4			

- The student is a prospective graduate upon selecting courses of ECTS with the above-mentioned courses.

Advisor Name Surname:

Signature:

Date:

- Student Affairs Officer who made the ECTS process and approved course selection;

Name Surname:

Signature:

Date:

Student;

NAME SURNAME:

SIGNATURE:

CONTACT DETAILS:

DATE: