

**YAŞAR UNIVERSITY STUDENT COURSE REGISTRATION RECORD
20.....20...../ SEMESTER**

STUDENT'S																																																								
NAME & SURNAME :																				ADDRESS :																																				
REGISTR. NO																																																								
FACULTY / INSTITUTE / SCHOOL :																																																								
DEPARTMENT :																																																								
PROGRAM :										TEL NO :																																														
COURSE NUMBER & NAME										CREDIT					COURSE HOURS																																									
HOUR																																																								
										MONDAY					TUESDAY									WEDNESDAY									THURSDAY									FRIDAY														
										1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9		

STUDENT'S SIGNATURE

ADVISOR'S
NAME & SURNAME :
SIGNATURE :