|  |  |  |  |
| --- | --- | --- | --- |
| **logo-tr** | **T. C.**  **İSTANBUL GEDİK UNİVERSİTY**  **Course Registration Form** | | |
| **Academic Year** |  | Fall term 🗆 Spring term 🗆 | …/…/ 20… |

**Student Information**

|  |  |  |
| --- | --- | --- |
| **ID number** |  | |
| **Student number** |  | |
| **Name-Surname** |  | |
| **Faculty/YO/MYO** |  | |
| **Department/Program** |  | |
| **Phone number** |  | |
| **E- mail** |  | |
| **Supervisor** |  | |
| ***To the Head of ………………….…………………. Department/Program***  I’m a studenf of the …………….......... Department/Program and my student number is ………………... In the  ……… semester of the ………. /……… academic year, I would like to register for the courses listed below.  Kindly Submitted for the necessary action.  *Signature :*  *Name, Surname :*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | ***T*** | ***U*** | ***K*** | ***AKTS*** | ***Status*** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | ***Total Credit-AKTS*** |  |  |  |  |  | | ***FACULTATİVE SUBJECT*** | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | ***Total Credit-AKTS*** |  |  |  |  |  | | | |
| ***(Appropriate)*** | | ***(Appropriate)*** |
| ***…..../..…./…….***  ***Signature :……………….***  ***Supervisor***  ***Title Name/Surname:………………………..*** | | ***…...../..…./…….***  ***Signature :……………..***  ***Head of Department***  ***Title Name/Surname:……………………….*** |

***\*It will be used if course registration cannot be done through OBS.***