… / … / 20…

**TO THE FACULTY OF DEANERY,**

I am a student in the Faculty of ………………………………………………………….

at……………………………….. department. My student number is ………….

I would like to register for the following course/courses in addition to the courses I have been enrolled in the …………...semester of the 20...…/20.… academic year.

Kindly submitted for necessary action.

**Name-Surname :**

**Subject :**

**Phone :**

**Signature:**

**Reason:**

 **…**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Course Code** | **Course Name** | **Credit** | **ECTS** | **Section** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

**Advisor’s Approval: Financial Affairs Directorate**

Name-Surname: Name-Surname:

Date- Signature: Date-Signature: