**INTRA-INSTITUTIONAL TRANSFER APPLICATION FORM**

**TO DIRECTORATE OF STUDENT AFFAIRS**

**Applicant Student's;**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Number |  | | | | | | | |
| Name and Surname |  | | | | | | | |
| Faculty/Program |  | | | | | | | |
| Completed Class/Semester |  | | | | | | | |
| Grade Point Average (GPA) |  | | | | | | | |
| Registration Score Type and Score |  | | | | | | | |
| Registration Type at the Previous University  (Mark as appropriate.) | ÖSYS | DGS | | Special Talent | | Undergraduate Transfer | Other | |
| Explain: | |
| Have you previously transferred using the Central Placement Score? | Yes | | | No | | | | |
| Preparatory Class Status  (Mark as appropriate): | Attended | | | | Not Attended | | | Preparatory Class Status  (Mark as appropriate): |
| Successful | | Unsuccessful | |  | | | Successful |
| Contact Number (Mobile Phone No.) |  | | | | | | | |
| E-Mail (Your application result will be notified to this address.) |  | | | | | | | |
| Mailing Address |  | | | | | | | |

**Wants to transfer to;**

|  |  |
| --- | --- |
| Faculty/Program |  |
| Program Score Type/Score |  |

|  |
| --- |
| *I confirm that the information provided in this form is accurate and true to the best of my knowledge. In the event that I am granted admission, I understand that my registration may be cancelled if it is found that I do not meet the application and registration conditions. I also agree that I will not make any claims against Fenerbahçe University for any financial or moral damages incurred.*  ***Name Surname:***  ***Date:***  ***Signature:*** |

Attachment: ( ) YKS Placement Result Document

( ) YKS Result Document

( ) Transcript