**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