**… /… /20..**

**TO THE HEAD OF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . DEPARTMENT,**

I am a Master’s Degree student, in ……………………………. Program of …………………….……………… Department, at Institute of Health Sciences; my number is ………………………..………. . I, hereby request that the courses listed below, which I have studied for Master’s Degree program at ……………… …………………………………… University, Graduate School of /Institute of ………………..………………… , Department of ………………………..…. are accepted as transfer credits and forwarded to Institute of Health Sciences upon being approved by your Department.

 **Phone : Student’s Full Name**

 **E-Mail : Signature**

|  |  |
| --- | --- |
| **Courses Taken**  | **Equivalent Course in Curriculum** |
| **Code** | **Course Name** | **Term****(20.. – 20.. ) (Spring/Fall)** | **Credit** | **ECTS** | **Code** | **Course Name** | **Credit** | **ECTS** | **Grade** |
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## EXPLANATION: (Explanations regarding the courses to be taken by the student should be specified in this field when needed.)

## APPROVED

  **Academic Counsellor Head of Department**

 **Title Full Name Title Full Name**

 **Signature Signature**

**Attachments:**

1. Academic Council’s decision document
2. Transcript

**ACIBADEM MEHMET ALI AYDINLAR UNIVERSITY POSTGRADUATE EDUCATION AND TRAINING BY-LAW (01.29.2017/29963)**

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