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**TO THE DIRECTORATE OF**

**GRADUATE SCHOOL OF NATURAL AND APPLIED SCIENCES**

I am a student of your institute, enrolled in the ............................................. Doctorate Program, with student number .................................................... I would like to take the following courses due to ......................................reason.

I respectfully request your permission.

 **Student’s Name Surname**

 **Signature**

 **Phone Number:**

|  |
| --- |
| **COURSES TO BE TAKEN:** |
| **INSTITUTE AND PROGRAM TO WHICH THE COURSE IS AFFILIATED** | **CODE** | **NAME** | **CREDIT** | **ECTS** | **ELECTIVE INFORMATION** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **ELECTIVE COURSE INFORMATION TO BE SUBSTITUTED ACCORDING TO THE CONNECTED CURRICULUM** |
| **INSTITUTE AND PROGRAM TO WHICH THE COURSE IS AFFILIATED** | **CODE** | **NAME** | **CREDIT** | **ECTS** | **ELECTIVE INFORMATION** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*\* According to the related curriculum, if the elective course is not counted as a substitute according to the related curriculum and extra courses will be taken, the second section should be left blank.

**EXPLANATION:** Explanations regarding the courses to be taken by the student should be specified in this field if necessary.

**APPROVED**

**…/…/ 20..**

 **………………………… …………………………………**

 **Advisor Approval Head of the Department**

**…………………………**

 **Financial Affairs Approval**