



**ACIBADEM MEHMET ALİ AYDINLAR UNIVERSITY**  
**2024-2025 ACADEMIC YEAR DOUBLE/ MINOR DEGREE APPLICATION FORM**

GENERAL INFORMATION	
NAME-LAST NAME	
TR ID NO	
STUDENT NUMBER	
E-MAIL ADDRESS (Acibadem University Student E-Mail)	
FACULTY	
DEPARTMENT	
GRADE/SEMESTER	
TGPA	
PHONE NUMBER	
RESIDENCE ADDRESS	

PROGRAM PREFERENCE			
PREFERENCES	PROGRAM	DOUBLE MAJOR	MINOR DEGREE
1.PREFERENCE			
2.PREFERENCE			
3.PREFERENCE			

STUDENT APPROVAL	
I accept and declare that all the information written above and delivered documents are accurate.	
STUDENT Name-Last Name : Signature :	Date: ___/___/___
STUDENTS AFFAIRS OFFICE APPROVAL	
NOTES	
OFFICIER Name-Last Name : Signature :	Date: ___/___/___