



**T.C.**  
**ISTANBUL GEDİK UNIVERSITY**  
**Dean of the Faculty of Health Sciences**

**Summer Education Distance Education Course Registration Form from Other University .... / .... / 2021**

Name and Surname		Class	
Foreign National Number		Fakulty/College/ Vocational School	
Student Number		Department/Program	
E-mail		Phone Number	

In Academic Year 2020-2021, Distance Education Summer School I would like to enroll in ..... Courses. I have stated below.

Student Signature

**a) Course(s) Required to be Taken in Summer School (To be filled by the student):**

Course Code	Course Name	University Credit	ECTS
<b>TOTAL CREDITS/ECTS</b>			

**b) Department of Financial Affairs**

**c) Student Affairs Department**

<input type="checkbox"/> Advisor Approved Course Fee: .....	<input type="checkbox"/> Course Registration Has Been Made.....
<input type="checkbox"/> Amount to be Refunded (if any):: .....	<input type="checkbox"/> No Course Registration Has Been Made .....
<b>Approved Name Surname:</b> .....	<b>Approved Name Surname</b> .....
<b>Date and signature</b> .....	<b>Date and signature</b> .....

**d) COURSE REGISTRATION FEE AND PAYMENT INFORMATION:**

Fee per local credit is 250 TRY (VAT included) . ( e.g. For a course with 3 credits, the total fee is 3 x250 TRY)

**Bank Information for Payment:**

THE NAME OF THE BANK : AKBANK  
ACCOUNT NAME : ISTANBUL GEDİK UNIVERSITY  
BRANCH NAME : İMES TİCARİ  
ACCOUNT NUMBER : 32864  
IBAN NUMBER : TR49 0004 6008 7688 8000 0328 64  
EFT Explanation : The name and surname of the student will be written and the summer school will be written.  
(e.g.; Ali Bulut Summer School)

**IMPORTANT EXPLANATION: You must attach your payment receipt and email this form to [info.sagbf@gedik.edu.tr](mailto:info.sagbf@gedik.edu.tr) . Otherwise, your application will not be processed.**