

T.C. ISTANBUL GEDİK UNIVERSITY Dean of Faculty of Sports Sciences

Name and Surr					/ / 2021
	Name and Surname Class				
Foreign National Number Student Number E-mail			Fakulty/College/ Vocational School		
		Depar	tment/Program		
		Phone	Phone Number		
	ademic Year ve stated belo	2020-2021, Distance Educa ow.	tion Summer School		enroll in
a) Course(s)	Required to be	Taken in Summer School (To b	e filled by the student):	:	
Course Code	Course Name			University Credit	ECTS
		TOTAL CREDITS/ECTS			
b) Departme	nt of Financial	Affairs	c) Student Affairs	Department	
	nt of Financial roved Course Fe		c) Student Affairs	_	
☐ Advisor App	roved Course Fo	Affairs ee:ny)::	Course Registration	Department on Has Been Made tration Has Been Mad	
☐ Advisor App ☐ Amount to b Approved Nar	roved Course For e Refunded (if a ne Surname:	ee:	□ Course Registration □ No Course Regist Approved Name St	on Has Been Made	le

 $\label{lem:info.spbf@gedik.edu.tr} \textbf{IMPORTANT EXPLANATION: You must attach your payment receipt and email this form to $$\inf_{\text{info.spbf@gedik.edu.tr}}$. Otherwise, your application will not be processed.}$