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| **logo-tr** | **T. C.****İSTANBUL GEDİK UNİVERSİTY****Course Registration Form** |
| **Academic Year**  |  | Fall term 🗆 Spring term 🗆 | …/…/ 20… |

**Student Information**

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| **ID number**  |  |
| **Student number** |  |
| **Name-Surname** |  |
| **Faculty/YO/MYO** |  |
| **Department/Program** |  |
| **Phone number** |  |
| **E- mail** |  |
| **Supervisor** |  |
| ***To the Head of ………………….…………………. Department/Program***I’m a studenf of the …………….......... Department/Program and my student number is ………………... In the ……… semester of the ………. /……… academic year, I would like to register for the courses listed below. Kindly Submitted for the necessary action. *Signature :* *Name, Surname :*

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|  |  | ***T***  | ***U*** | ***K*** | ***AKTS*** | ***Status*** |
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|  | ***Total Credit-AKTS*** |  |  |  |  |  |
| ***FACULTATİVE SUBJECT*** |
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|  | ***Total Credit-AKTS*** |  |  |  |  |  |

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| ***(Appropriate)*** | ***(Appropriate)*** |
| ***…..../..…./…….******Signature :……………….******Supervisor******Title Name/Surname:………………………..*** | ***…...../..…./…….******Signature :……………..******Head of Department******Title Name/Surname:……………………….*** |

***\*It will be used if course registration cannot be done through OBS.***