# ATILIM UNIVERSITY

# DIRECTORATE OF STUDENT AFFAIRS

**APPLICATION FORM FOR STUDENTS TO ATTEND COURSES AS SPECIAL STUDENTS**

**WHILE REGISTERED AT OTHER HIGHER EDUCATION INSTITUTIONS**

**ID / Address Information**

Full Name : ……………………………………………………………………

Republic of Turkey Citizen ID No : ……………………………………………………………………

Residence /Address :......................................................................................................................................

 : .......................................................................................................................................

Mobile Phone : ……………………………………….

# University and School of Registration:

University : ………………………………………………………………….

School/Voc. Sch./Grad. Sch. : ………………………………………………………………….

Department/ Program : …………………………………………………………………

Student ID No : …………………………………………………………………

**I would like to take the courses below at your University in the ................ Semester of the Academic Year of ...../..... . Kindly submitted to your information, and necessary action.**

# Date : ........./.........../................ Signature :................................................................

**School and Courses to Attend as Special Student:**

School : ………………………………………………………………….……………………….

Department/ Program : ……………………………………… …………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Course Code** | **Course Name** | **Section** | **Credits** | **ECTS** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

# The student in question may attend the courses above at our School in the .......... Semester of the Academic Year of ................... .

**Head of Department Dean**

Full Name: ............................................................ Full Name: ............................................................

School Seal

Date :........./.........../................ Date :........./.........../................

Signature :........................................ Signature :........................................

(Stamp of Head of Department)

# Directorate of Administrative and Financial Affairs

**Atılım University Student No.: ……………………………………….**

**The student has paid the per credit amount of ...................................... TL for the courses above.**

Stamp of Accounting

Full Name:............................................................

Date :........./.........../................

Signature :....................................