FORM-6 [Article 21-(3) /24 (7)/ 27-(6)]

## ATILIM UNIVERSITY

		FORM FO		TE SCHOOL OI FPOST-GRADI			SCIENCES DURING M.SC.	PH.D	
Sent to									
Sent by	ent by : Head of DI (Department of Graduate School)								
	Name-Surname: Post-Graduate Student No:								
•	`				Integrated	Ph.D.	Ph.D.		
		g the Programm I Academic Yea		Year:					
	lequest lode	ed Course Name		Credit	Year	ECTS	Semester	*Type of the	
	oue	Name		Credit	Teal	ECIS	Semester	Course	
* Please select course type for Phd Programmes ( if needed) "must", "core", "focus" or, "elective"									
than the University, they may take courses from such institutes with proposal of the advisor, approval of head of EABD and decision of concerned EYK.  • The students may take maximum three master programme courses from other universities to be counted as course load of the programme attended by them with EABD's proposal and EYK's decision.  • The students may take maximum four master programme courses from other universities to be counted as course load of the programme attended by them with EABD's proposal and EYK's decision.  • In order to fill in the form, approval of the university from which the courses would be taken shall be previously obtained.  • The student shall be responsible for handing in the approval to the university where the course/s would be taken and submitting the grade taken from the course to the related DI at the end of the semester.  • M.Sc. and Ph.D. Transcripts and payment receipt shall be added to the form.  Other University/Institute Where the Course Has to be Taken:  Head of DI  M.Sc. Course  Ph.D. Course  (The certified content of the course to be taken shall be added to the form.)  Name-Surname of the Student Advisor:  Student's attached M.Sc./Ph.D. transcript has been investigated and it is confirmed that s/he has received (number of the courses)/has not received any other post-graduate courses from other universities or other DI Departments of Attılım University. The aforementioned student's application to take the course stated above and his/her grade points inclusion in his M.Sc./Ph.D.  Approved Not Approved Signature of Student Advisor:									
Name-Su	ırname	of the Thesis/I	Dissertation Su	ipervisor:					
Remarks Ground for Objection				Signature of Thesis/Dissertation Supervisor: : Approved  Not Approved  :					
Opinion of the DI				: Approved   Not Approved					
Ground for Objection				:					
Date					Head of DI				
DI Document No: Appendix:									
DI Docu	mem r				Appendix.				
DECISIO	ON OF	THE BOARD	OF GRADITA	ATE SCHOOL: D	Date:	Number of Deci-	sion:		
2201010	01	-112 201 HD	-1 O. II ID 01			or Door			
					- D'	60 1	_,		
Date Director of Graduate School									

Three copies shall be filled in.