		ATILIM UNIVER UATE SCHOOL OF NATURAL A TAKING FORM FOR SCIENTIFI ate School	AND APPLIE			TUDENTS	
Sent by :		Department of Graduate School					
Name Su	rname :	Student Number:					
Registere	d Program :						
Year of S	tarting :	Semester of St	arting :.				
Current A	Academic Year :	Seme	ster :.				
Program	after Completion of S	cientific Preparatory:					
Master's	(thesis)	Integrated PhD PhD			PhD 🗌		
Compuls	ory Courses of Scier	ntific Preparatory Program					
Code	Name		Credit	ECTS	Year	Semester	
Courses	to be taken in order	to be counted for Master's Progra	m				
Code	Name		Credit	ECTS	Year	Semester	
(concerned departmen	/art deficiency program can also tak t and approval of the concerned box					
	leficiency program co						
Name/Surname of Advisor : Remarks : Approved Not			Approved 🗌	Advisor's	s Signature: .		
Ground fo	or Disqualification	:					
	of the Department or Disqualification	: Approved 🗌 Not A					
	Date			Head of Department			
Dep. Doc	ument No:	Appendix			•		
-		OF GRADUATE SCHOOL: Date:					
DECISIC	THE DOARD	or standorrid school. Date.		Det			
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	Dat		Director of Graduate School				

• Three copies shall be filled. Transcript must be submitted along with approved form.