ATILIM UNIVERSITY
GRADUATE SCHOOL OF NATURAL AND APPLIED SCIENCES
ADJUSTMENT FORM FOR STUDENT TRANSFER BETWEEN THESIS AND NON-THESIS MASTER'S PROGRAMS

Sent to : Directorate of Graduate School

Sent by : …… Department of Graduate School

STUDENT
Name/Surname : ……. Student ID No: …….

Registered Program: ..... Master's (thesis) ☐ Master's (non-thesis) ☐

Semester of Starting: 20….. / 20….. ….. Semester

Registered Semester: 20….. / 20….. ….. Semester

New Program: ..... Master's (thesis) ☐ Master's (non-thesis) ☐

Substituted Course							Equivalent Course*					
Code	Name	Credit	ECTS	Year	Semester	Grade	Code	Name	Credit	ECTS	Type** (Elective/Compulsory)	Grade

* The course to be substituted must be indicated with its equivalent (elective or compulsory). In case where there is not an equivalent course, the names of elective course group to be substituted must be indicated.
** Please select course type for PhD Programs (if needed) "must", "core", "focus" or, "elective".

- Transfer from a thesis master's program to a non-thesis master program and vice versa can be made upon affirmative opinion of the concerned department and approval of the board upon application of the student. In such a case, the courses taken in the former master's program may be exempted for the courses in the new master's program upon the decision of the board.
- **Students must submit their petition with ALES certificate (for Turkish students), transcript and approved form.**

It is recommended for abovementioned student whose transfer to a thesis ☐ / non-thesis ☐ master's program has been approved to be exempt from ..... elective /..... compulsory course(s) included in the curriculum of …… Thesis ☐ / Non-thesis ☐ Master's Program, and accordingly it is proposed that his/her course load be ..... credits and his/her horizontal transfer to ..... ☐ / Non-thesis ☐ Engineering Department be started from ..... Semester.

_____ _____
Date Head of Department

Dep. Document No: _____ Appendix: _____

DECISION OF THE BOARD OF GRADUATE SCHOOL: Date: _____ Decision No: _____

_____ _____
Date Director of Graduate School

Three copies shall be filled.