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**Atılım University**

**Special Graduate Student Application Form**

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| --- | --- |
| Program: | |
| Academic Year : | Semester : |

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Student: | | | |
| Address: | | | |
| Mobile Phone: | | Home Phone: | |
| Date of Birth: | Nationality: | | Gender: ⬜ F ⬜ M |

**University Information (*The transcript from universities, should be attached to this form*)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the student registered to another program?** ⬜ **Y** ⬜ **N** | | | |
| University: | | Department: | |
| Start Year: | Degree that will be obtained: | | CGPA: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previously registered;** | | | |
| University: | | Department: | |
| Start-End Year: | Degree that will be/was obtained: | | CGPA: |
| University: | | Department: | |
| Start-End Year: | Degree that will be/was obtained: | | CGPA: |

**Courses that will be taken as Special or Visiting Student**

|  |  |  |
| --- | --- | --- |
| **Course Code** | **Course Name** | **Department’s Approval** |
|  |  |  |
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|  |  |  |

**Attachments:** 1. Photocopy of undergraduate diploma 2. English Proficiency document

Signature: \_\_\_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ \_\_

**Department’s Review** ⬜ Recommended for registration as a special student.

⬜ Not recommended for registration as a special student.

Department Chairperson

Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Approval of Graduate School** Signature: \_\_\_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_