……………………………………………….. **TO THE DEPARTMENT HEAD**

Your department …………………………. I am student number one. The courses I have listed below, the contents of which are in the appendix …………………………………………………………… University ………………………………………… I want to take it at the Faculty of ………../YO/MYO Summer School. Date Signature

 **Name and surname**

**COURSES I WANT TO TAKE FROM SÜLEYMAN DEMİREL UNIVERSITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CODE** | **COURSE NAME** | **T** | **U** | **K** | **ECTS** |
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| **TOTAL** |  |  |  |  |
| **COURSES I WANT TO TAKE FROM ………………… UNIVERSITY** |
| **COURSE TAKE AT OTHER UNIVERSITY** | **EQUIVALENT SDU COURSE** |
| **CODE** | **FIRST NAME** | **ECTS** | **T** | **U** | **K** | **CODE** | **FIRST NAME** | **T** | **U** | **K** | **ECTS** |
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| Link to course content: |
| **TOTAL** |  |  |  |  |  |  |  |  |  |
| **THE OVERALL TOTAL** |  |  |  |  |  |  |  |  |  |

 Date Signature

**head of department**

With the Faculty Administrative Board Decision dated ………………………….. and numbered …………….., the student's request to take a course was approved.

**\*\*\*** In case of a change in the table above, the Department Head must be informed.