……………………………………………….. **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**

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| **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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| **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.