



T.R.
ÜSKÜDAR
UNIVERSITY

COURSE RECEIPT FORM FROM DIFFERENT INSTITUTE

DD / MM / 202Y

TO THE DIRECTORATE OF THE INSTITUTE OF

I am a Master / Doctorate student numbered of your Institute of the Department of the Department of Science.

I would like to take the following written lessons/courses that have been opened at the Institute of the University of in the academic year of 202Y - 202Y.

I submit to your kind information.

.....
(Student Name, Surname, Signature)

| Course Code/Name | Course Name | ECTS |
|------------------|-------------|------|
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| | | |

| APPROPRIATE | APPROPRIATE |
|-----------------|----------------------------|
| | |
| Advisor: | Head of Department: |

Important Notice: The student has to inform the Institute Directorate if the courses above are not offered.

It was deemed appropriate for the student, to take the course by the decision of the Institute Board of Directors with the date DD / MM / 202Y and number