**GS-FORM 18B**

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|  | **ÇANKAYA UNIVERSITY****Graduate School****Special Student Applicatıon Form\*** |

**APPLICANT**

|  |  |
| --- | --- |
| **Name and Surname:** | **TC ID Number :**  |
| **Date of Birth:**  | **Place of Birth:** |
| **Phone Number /GSM:** | **E-mail:** |
| **Address:** |
| **Signature:** | **Date:** |

**DEGREES**

|  |  |  |
| --- | --- | --- |
|  | **University – Department** | **The Year of Graduation**  |
| **Undergraduate** |  |  |
| **Master’s** |  |  |
| **Ph.D** |  |  |

**THE NAME OF THE DEPARTMENT TO BE APPLIED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE LIST OF COURSES TO BE REGISTRED**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Course Code**  | **Course Name**  | **Course Credits** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

**APPROVAL OF THE DEPARTMENT**:\*\*

1. The applicant’s registration to.............................................................................. course is approved or **not approved.**

2. The applicant’s registration to ............................................................................. course is approved or **not approved.**

3. The applicant’s registration to ............................................................................. course is approved or **not approved.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title, Name and Surname** | **Signature** | **Date** |
| **Student Adviser**  |  |  |  |
| **Chair of Department**  |  |  |  |

**ATTACHMENT: TRANSCRIPT**

**\* To be submitted to the Department together with Trascript.**

**\*\*Department should send the approved form and its attachement/(s) to Graduate School via *EBYS*.**

***This form is prepared according to the articles 11(1-3) of Çankaya University’s Regulations for Graduate Study.***