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|   | **YEDİTEPE UNIVERSITY****INSTITUTE OF HEALTH SCIENCES****……………………….. DEPARTMENT** **TRANSITION FROM SPECIAL STUDENT TO NORMAL STUDENT STATUS FORM** |   |
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| **STUDENT’S** |
| **Name-Surname** |  |
| **Number** |  |
| **Telephone/ e-mail** |  |
| **Department**  |  |
| **Registration Date** |  |
| **Missing Documents** | ALES [ ]  TÖMER [ ]  DIPLOMA [ ]  YDS/TOEFL [ ]  |
| **Presented Documents** | ALES [ ]  TÖMER [ ]  DIPLOMA [ ]  YDS/TOEFL [ ]  |

I present the information that accept me to be a special student. Thank you for considering my application.

Signature

 **APPENDIX : Appendix 1**

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| Approval of Head of the Department : | Suitable [ ]  |  Non-suitable [ ]  |

Head of Department Signature Date