

**YEDİTEPE ÜNİVERSİTESİ**

**INSTITUTE OF HEALTH SCIENCES**

**COURSE SUBSTITUTION**

Name of Department : ………………………………………………………………………………….................. Name-Surname of Student : ……………………………………………………………………………………..................

Student’s Number : ……………………………………………………………………………………….......……

Telephone number / e-mail :………………………………………/……………………………………………………….

Programme : Master [ ]  Ph.D [ ]

Started year / Period : ……. / ……. Academic Year ………… Period

|  |  |
| --- | --- |
| **Substitued Course;** | **Equivalent Substitued Course;** |
| **Code** | **Name** | **ECTS/Credit** | **Grade Letter** | **Code** | **Name** | **ECTS/Credit** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

……/……/201… Signature of Student : ......................................

|  |  |  |  |
| --- | --- | --- | --- |
| Academic Advisor’s Approval | Suitable [ ]  | Non-suitable [ ]  | Signature :................................. |

|  |  |  |  |
| --- | --- | --- | --- |
| The status of student for course substitution: | Transfered Student [ ]  | Special Student [ ]  |  Other [ ]  |

|  |  |  |
| --- | --- | --- |
| Department Manager’s Approval | Suitable [ ]  |  Non-suitable [ ]  |

Department Manager

 Signature

 Date

**Appendix : Transcript**