

**YEDİTEPE UNIVERSITY**

**INSTITUTE OF HEALTH SCIENCES**

**COURSE ADD-DROP FORM**

**…../…../201…**

Student’s

Name-Surname : ..................................................................................

Number : ..................................................................................

Telephone : ..................................................................................

e-mail : ..................................................................................

Department : ..................................................................................

I would like to inform you about addition of the courses that specified in the table which I could not select on OBS system in Add-Drop period. Thank you for your consideration.

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| --- | --- | --- | --- |
| Added Course | | Dropped Course | |
| Code of Course | Name of Course | Code of Course | Name of Course |
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Student’s Signature

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

Head of Department Signature Date