**INSTITUTE OF GRADUATE STUDIES AND RESEARCH**

**APPLICATION FORM FOR TAKING COURSES FROM ANOTHER UNIVERSITY**

Date: / / 20

|  |  |
| --- | --- |
| Department/ Program |  |
| Education Language |  |
| University of Application |  |
| Academic Semester of Application |  □ Fall □ Spring |
| Program Level |  □ Masters □ Doctorate |

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| **STUDENT INFORMATION** |
| Name-Surname : |  |
| Student Number: |  |
| Contact information | Phone: | E-Mail: |
| Date | / / 20 | Signature |  |

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| **COURSE ADVISOR** |
| Name-Surname: |  |
| □Accept □ Reject | Reason |  |
| Date | / / 20 | Signature |  |

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| **HEAD OF DEPARTMENT** |
| Name-Surname:  |  |
| □Accept □ Reject | Reason |  |
| Date | / / 20 | Signature |  |

|  |  |
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|  Courses to be taken outside the University | Courses corresponding to CIU Curriculum |
| Course Code | Course Name | T | P | C | Course Code | Course Name | T | P | C |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Total number of courses |  |
| Total number of credits |  |
| Total Credits of the Registered Program |  |

**Note: The total credit of the courses to be taken from outside the university cannot be more than 25% of the total credit of the courses that are defined in the curriculum of the student and must be taken from CIU.**

**To the attention of the student: The approved printout of the Department/Program Postgraduate Education Committee's decision must be submitted to the university where the course/courses will be taken.**

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| **INSTITUTE OF GRADUATE STUDIES APPROVAL** |
| Director of the Institute Name-Surname |  |
| Director of the Institute Signature |  | Date |  |

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