

D5- Doctorate Proficiency Exam Application Form



**HALIÇ UNIVERSITY
INSTITUTE OF GRADUATE EDUCATION
.....DEPARTMENT
DOCTORATE PROFICIENCY EXAM APPLICATION
FORM**

Date...../...../.....

Name-Surname of the Student:	Student Number:
E-mail:	GSM:
Department:	Signature:
Program:	

I want to take the doctorate proficiency exam in Department where I study. I declare before the doctorate proficiency exam that I meet the proficiency exam conditions given in the Halic University Graduate Education Regulations.

I kindly request you to the needful so that I can take the proficiency exam.

Appendix: Student transcript