



**HALIÇ UNIVERSITY**  
**INSTITUTE OF GRADUATE EDUCATION**  
**COURSE EXEMPTION FORM**

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

<b>Name-Surname of the Student:</b>		<b>Student Number:</b>	
<b>E-mail:</b>		<b>GSM:</b>	
<b>Department:</b>		<b>Signature:</b>	
<b>Program:</b>	<input type="checkbox"/> MA/MSc with Thesis <input type="checkbox"/> Non-Thesis MA/MSc	<input type="checkbox"/> Doctorate <input type="checkbox"/> Proficiency in Art	

The required documents of the above-mentioned student have been examined and it is approved that he/she is exempt from the following courses. Kindly request you to do the needful.

Head of Department  
Name-Surname and Signature

Approval for the Course  
Exemption Table

..... University ..... Program Course Information				Halıç University ..... Program Course Information			
Code and Name of the Course	Credit	ECTS	Grade	Code and Name of the Course	Credit	ECTS	Grade

**EXEMPTION COMMITTEE**

Title Name Surname

Title Name Surname

Title Name Surname

Signature

Signature

Signature

Member

Member

Member

**Decision of the Institute Administrative Committee:**

Above given proposal is approved/rejected.

RECORDS OF DOCUMENTS		
Date of Registry	Registry No	Appendix