



HALIÇ UNIVERSITY
INSTITUTE OF GRADUATE EDUCATION
COURSE ADD / DROP FORM

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

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

In the Fall / Spring semester of the School Year 20..... – 20....., I want to add / drop the following course(s). Kindly request you to do the needful.

COURSE(S) TO ADD

No.	Course Code	Course Name	Fall / Spring Semester	Lecturer

COURSE(S) TO DROP

No.	Course Code	Course Name	Fall / Spring Semester	Lecturer

Explain the reason of rejection, specifying the unsuitable courses from the above given added / dropped courses.

Head of Department
 (Title, Name, Surname and Signature)