VISITING STUDENT REQUEST FORM
(For Incoming Student)

FACULTY OF HEALTH SCIENCES
TO THE DEPARTMENT CHAIR OF ...

Of the Student	Turkish ID Number	
	Name Surname	
	Faculty/School/Vocational School	
	Department/Program	

Please Fill In According to Your Application Documents	
Phone Number	
Email Address	
Correspondence Address	

Reason for Applying as a Visiting Student	□	Health Issue		
	□	Public Servant		
	□	Personal Safety		
	□	Other		
Requested Duration of Visiting Student Status	□	One Academic Year	□	During the Period of My Excuse

Home University	
Faculty/School/Vocational School of Origin	
Department/Program of Origin	

I would like to take courses as a visiting student. Submitted for your information and necessary action.
Signature:
Date:
Attachments: (Check the box next to the documents you have submitted with the petition.)

1-	□	The "approval" decision from the authorized boards of the higher education institution where it is registered.
2-	□	A document indicating the disciplinary status.
3-	□	Transcript of Records
4-	□	A document verifying the excuse.