

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

I am a student of our Faculty's Department, student number
....., class. I would like to take the course(s) listed below from a higher semester.
Submitted respectfully for your necessary action.

Date : ... / ... / 20..
Name :
Surname :
Signature :

COURSE CODE	COURSE TITLE	COURSE CREDITS/ECTS

NOTE: In order for students to take courses from a higher semester, according to the Munzur University Associate and Undergraduate Education and Training Regulations, the student must have no failing courses from a lower semester and a cumulative GPA of 3.00 or above. A student may take a maximum of 3 courses from a higher semester (with a total course load not exceeding 40 hours). The courses selected from a higher semester must not conflict with the student's other courses in the weekly schedule.

Date : ... / ... / 20..
Advisor's Name :
Surname :
Signature :