## FACULTY OF HEALTH SCIENCES

## TO THE DEPARTMENT CHAIR OF ……

I am a student of Munzur University, Faculty of Health Sciences, …….. Department. I would like to take the courses listed below from the Faculty of ……. , Department of …… at ……. University during the Summer School of the 20…../20….. Academic Year.

Submitted for your necessary action.

**OF THE STUDENT**

Name Surname :……

Student Number :……

Mobile Phone :……

Signature :……

**…../……/20….**

**APPROVED**

**Department Chair**

*(Department Chair at Munzur University)*

**……..**

| **COURSES AT MUNZUR UNIVERSITY** | | | | | | **COURSES AT THE UNIVERSITY WHERE THE COURSE WILL BE TAKEN** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Course Code** | **Course Title** | **T** | **U** | **K** | **ECTS** | **Course Code** | **Course Title** | **T** | **U** | **K** | **ECTS** |
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