FACULTY OF HEALTH SCIENCES

TO THE DEPARTMENT CHAIR OF ……

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

Submitted for your necessary action.

OF THE STUDENT

Name Surname :…….

Student Number :…….

Mobile Phone :…….

Signature :……

…../……/20….

APPROVED

Department Chair

(Department Chair of Your Home University)

……

COURSES AT YOUR HOME UNIVERSITY						COURSES TO BE TAKEN AT MUNZUR UNIVERSITY					
Course Code	**Course Title**	**T**	**U**	**K**	**ECTS**	**Course Code**	**Course Title**	**T**	**U**	**K**	**ECTS**