DOUBLE MAJOR – MINOR APPLICATION FORM

FACULTY OF HEALTH SCIENCES
TO THE DEPARTMENT CHAIR OF ……

I would like to pursue a Double Major/Minor in the program specified below. I acknowledge and declare that all the information and documents provided in this form are accurate. If I am granted the right to enroll, I accept that my enrollment may be canceled if any situation arises that does not comply with the application and registration requirements.

Submitted for your information and necessary action

Date : … / … / 20..

Name Surname :

Signature :

OF THE STUDENT ***(Please fill in all fields.)***	
Student Number	
Department / Program	
Year/Semester of Graduation	
Cumulative GPA	
Mobile Phone	
Email Address	

APPLIED PROGRAM [1]			
S/N	**Program Name**	**Başvuru Türü**	
1		☐ **Double Major**	☐ Minor
2		☐ **Double Major**	☐ Minor
3		☐ **Double Major**	☐ Minor
4		☐ **Double Major**	☐ Minor
5		☐ **Double Major**	☐ Minor

[1] If a student is accepted into more than one Double Major or Minor program simultaneously, the order of application shall prevail.