Adaptation (Equivalency) Request Form

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FACULTY OF HEALTH SCIENCES
TO THE HEAD OF …… DEPARTMENT

I am a student of your department with the student number ..... I request exemption from the courses I previously took at ……..……..…… University, Faculty of ....., Department / Program of ....., as listed below.

I kindly request the necessary action to be taken.

Address : .....….....…. **Signature**

Phone: .....…….....…. **Name–Surname**

EKLER:

1– Transcript (..... pages)

2– Course descriptions (..... pages)

..... Equivalent Courses			GRADE		Previously Taken Courses			GRADE	
Course Code	Course Title	ECTS	Numeric	Letter	Course Code	Course Title	ECTS	Numeric	Letter