

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

I received my education as a student of the Faculty of , Department of , with student number I will apply for an overseas job application / diploma equivalency. For this purpose, I kindly request that the documents listed below be provided to me with a wet signature.

- ☐ Course Contents (syllabus, lesson plans) — for each course taken
- ☐ Transcript — including courses, credits, and grades
- ☐ Internship Certificates — including internship duration, content, and activities performed
- ☐ ECTS Workload Calculation — official statement showing how many hours correspond to 1 ECTS credit
- ☐ Other

Kindly submitted for your necessary action.

Date ... / ... / 20..

Name Surname

Signature

OF THE GRADUATE STUDENT <i>(Please fill in all fields.)</i>	
Turkish ID Number	
Student Number	
Department	
Mobile Phone	
Email Address	
Current Residential Address	