



SUMMER SCHOOL INCOMING STUDENT APPLICATION FORM

.../.../...

Name Surname		Student Number	
Turkish Republic Number		Main University	
Phone Number		Faculty/HE/VHE	
Email		Department/Programme	
Summer School Date Range		Start Date: .../.../.....	End Date: .../.../.....

The course at the university he attended			The Course at Istanbul Aydın University		
Code	Course Name	ECTS	Code	Course Name	ECTS
TOTAL			TOTAL		

I wish to take the courses listed above during the Summer Semester of the 20.../20... Academic Year at Istanbul Aydın UniversityFaculty/Higher Vocational Education /Vocational Education.....Department/Programme.

I hereby request the necessary action.

Student Name Surname
Signature

Academic Advisor
Signature

Department/Program Head
Signature

ATTACHMENT:

- Bank Statement
- Official letter (decision)

NOTE:

- This form must be prepared in two (2) copies. One copy will be submitted to the Faculty Secretary's Office, and the other copy will remain with the student.
- In the event of a course change, this form must be re-submitted.