STUDENT'S	
Full Name	
Intended/New Graduate Program	
Level of the Previous Graduate Program	☐ Master ☐ Ph D.
Previous Graduate Program	
Starting Year and Semester for the Previous Graduate Program	202… / 202.. ☐ Fall ☐Spring

The transfer application of the student listed above to the …………………………………..………………… Program has been approved and the courses taken by the student in the previous program are transferred to the new program as listed below

EXEMPT OR EQUIVALENT COURSES									
Courses Taken in the Previous Program					**Equivalent Courses Exempted**				
Course Code	**Course Name**	**Credit**	**ECTS**	**Grade**	**Course Code**	**Course Name**	**Credit**	**ECTS**	**Grade**

COURSES TO BE TAKEN AT TEDU		
Course Code	**Course Name**	**ECTS**

PROGRAM DIRECTOR
Graduate Program:
Date / Name-Surname / Signature

DIRECTOR OF THE GRADUATE SCHOOL
Date / Name-Surname / Signature
Decision of The Executive Board of The Graduate School: Executive Board Decision Date and No:

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