

REGISTRATION FORM FOR TRANSFER, DMP/MDP or GRADUATE PROGRAMS

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| STUDENT INFORMA | ATION | | | | | |
|-----------------------------|---|---|------------|---|--|--|
| Name – Surname | | | ID No. | | | |
| eMail | | | Cell Phone | | | |
| Address | | | | | | |
| REGISTRATION TY | PE | | | | | |
| | ☐ Intra-Institutional ☐ Inter-Institutional ☐ Central Placement Score (Add Art-1) | | | | | |
| | (For transfers from outside of the institution. Please tick only one option) Please specify the reason why you have chosen TEDU: □ Advice from family, friends, etc. □ Program preference | | | | | |
| | <u> </u> | | | ore/grade average preference | | |
| | ☐ English as medium of instruction | | | ☐ City/location | | |
| | ☐ Quality of the academic staff | | ☐ Famil | ☐ Familiar TEDU member | | |
| | ☐ Physical, social, cultural and sports opportunities | | | ☐ TED/TEDU brand ☐ Other | | |
| | (For transfers from outside of the institution. Please tick only one option) | | | | | |
| | Please specify the reason why you have left TEDU: | | | | | |
| | ☐ Maximum period of study at ELS | | | \square Distance from residence address | | |
| | ☐ Financial difficulties | | | ☐ Request to study a department not in their own university | | |
| | _ | m was academically disqualified g to another city | - | ☐ Request to study at a university other than their own | | |
| | ☐ Maximum period of undergraduate study | | | ☐ Moving abroad | | |
| | ☐ Health | = | ☐ Turkis | ☐ Turkish being medium of | | |
| | ☐ Acade | mician dissatisfaction | | instruction | | |
| | ☐ Campu | us dissatisfaction | ☐ Other | | | |
| | (For transfers from outside of the institution) | | | | | |
| | Did you prefer TEDU at YKS? □ Yes □ No | | | | | |
| DMP/MDP | ☐ Double Major Program ☐ Minor Degree Program | | | | | |
| Graduate Programs | ☐ Graduate ☐ PhD | | | | | |
| TARGET PROGRAM | INFOR | MATION | | | | |
| Program Title | | | | | | |
| Academic Year | Semester □ Fall □ Spring | | | | | |
| STUDENT ¹ | | APPROVAL (TEDU Registrar's Office) | | | | |
| | | Explanation, if any: | | | | |
| Date/Name-Surname/Signature | | Date/Name-Surname/Signature | | | | |

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| LIIVI | . /- | 1.7.7 | H.L. |

 $^{^{1}}$ This form is delivered by hand to Registar's Office along with the documents requested in the announcement on the Registrar's Office website.