

Department Change Form

Student No:								
-------------	--	--	--	--	--	--	--	--

Instructions

This form should be used only if the student want to change his/her department.

Student Information

A letter to each box with **CAPITAL letter.*

First Name(s):			
Surname:			
Date of Birth:	___/___/___	Passport Number:	
Telephone:		E-mail:	
Current Department:		New Department	

State the reason for requesting department change.

Student's signature

Date:

OFFICIAL USE ONLY

Department change request has been **approved / rejected**.

Önder Uçar
Head of Student Affairs Department