**ÇUKUROVA UNIVERSITY**

**INSTITUTE OF HEALTH**

**SCIENCES**

REGISTRATION FORM OUTSIDE THE AUTOMATION REGISTRATION SYSTEM

Date: / /

CUKUROVA UNIVERSITY

TO THE DIRECTORATE OF THE INSTITUTE OF HEALTH SCIENCES

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Name-Surname**: | **Student No**: |
| **Department**:  **Program** : | **Course term**: 20…. - 20…. |
| **Education Degree**: Non-Thesis Master's Degree Thesis Master’s Degree  Doctorate | **Period**: Autumn Spring |

The following courses to be taken by the graduate students of our department, whose identity and education information are given above, had to be selected and registered outside of the automation system. We kindly request you to register for the course.

**COURSES TO ENROLL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Code and Title** | **Credit** | **ECTS** | **Lecturing Teacher** | **Signature** |
|  |  |  | Dr. |  |
|  |  |  | Dr. |  |
|  |  |  | Dr. |  |
|  |  |  | Dr. |  |
|  |  |  | Dr. |  |
|  |  |  | Dr. |  |
|  |  |  | Dr. |  |

|  |  |  |
| --- | --- | --- |
| **Signatures:** |  |  |
|  | **Dr.** | **Dr.** |
| **Student** | **Advisor** | **Head Of Department** |