

**ÇUKUROVA UNIVERSITY**

**INSTITUTE OF HEALTH**

**SCIENCES**

FINAL REGISTRATION NOTIFICATION FORM

 **STUDENT IDENTITY AND ACCESS INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name-Surname:** | **Semester**:  | **Date**:  | / /  |
| **Gender**:  |  Female  | Male  | **Department**:  |
| **Place of Birth:**  | **Date of Birth**: | / /  |  | **Identification Number**:  |
| **Nationality (For Foreigners):**  | **Passport/ ID Number**:  |
| **Phone:** |  | **Mobile**  |  | Email: |  @ |  |  |  |  |
| **Address**:  |  |

**LETTER OF APPLICATION**

In accordance with the Graduate Education Regulations, I have been entitled to

start my

education in the Department of your Institute in the academic year semester - by passing the necessary exams.

I respectfully submit my final registration.

**Date**: / /

**Student’s Signature: Name & Surname :**

**REQUIRED DOCUMENTS FOR**

**FINAL REGISTRATION**

1. Copy of Identity Card (Front and Back)
2. Certified copy of undergraduate or graduate diploma (Diplomas obtained from foreign countries must be equivalent by the Council of Higher Education)
3. A document (Transcript) showing the grades and averages received during undergraduate and/or graduate education,
4. ALES or TUS certificate, (valid for 5 years)
5. Language exam certificate such as UDS/YDS/e'YDS or YOKDIL (valid for 5 years)
6. 2 Photographs
7. Original Certificate of Military Service (2 for Men)
8. Permission for Education from the Institution if it works. (Not required)