**TO**

 **MALTEPE UNIVERSITY**

**DEPARTMENT OF STUDENT AFFAIRS**

I am the student of …………………………………. Faculty/School ……………………………… Program/Department ………………………………of your university with the number of ……….

I wish to enroll for the courses I have stated below as a Summer School Student at your university.

 **Date:**

 **Signature:**

|  |  |  |
| --- | --- | --- |
|   | **Course Code** | **Course Name**  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

I hereby certify that the information given for the course enrollment is correct and I acknowledge and undertake that I will be fully responsible from the emerging results arising from any mistakes and deficiencies (including the cancelling my registration after enrollment) and I will not ask for refund if I disenroll from the university at my own request.

Kindly submitted for your information.

|  |  |
| --- | --- |
| **Identification Number** |  |
| **Name Surname:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |

# ATTACHMENTS:

1. The letter of approval taken from the registered university by the student stating that the above-mentioned courses are eligible to be taken in our University
2. Student Certificate.
3. Copy of the Identity Card
4. Receipt verifying that the tuition fee has been paid

|  |
| --- |
| **FACULTY/SCHOOL APPROVAL** |
| **Faculty/School Approval:** ApplicableNot Applicable  |
| Approver Name Surname: | **Date:** | **Signature:** |