**TO THE DEAN OF FACULTY OF AERONAUTICS AND ASTRONAUTICS**

I graduated from the ………………… Faculty /Vocational School of …………………University in the…………/……… academic year.

I would like to study as a private student in the Fall/Spring semester of the………./..……. academic year in the Department/Major of Your Institute.

I request to attend the evaluation.

Sincerely

NOTE: My foreign language is ..........................

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........./........./.........

Name/Surname:

Signature :

**Correspondence Adress :**

**Office Phone Number :**

**Home Phone Number :**

**Mobile Phone Number :**

**Attachments: 1)** Approved Undergraduate graduation certificate,

**2)** Approved Grade Status Certificate (Transcript),

**3)** Approved Copy of Identity Card

**4)** Curriculum Vitae,

**5)** 2 Passport Photos.