# TO THE DEAN’S OFFICE

**FACULTY OF AERONAUTICS & ASTRONAUTICS**

**Department / Year :**

**Full Name :**

**Student ID Number :**

I have failed to enroll in the courses for the Fall ( ) / Spring ( ) semester for the academic year 20…./20…., the names and codes of which are shown on the table below, because ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….....................

I request that my enrollment is completed so I can continue my education.

**Grade Point Average (GPA):**

**Mandatory Courses:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Order** | **Code** | **Course Name** | **T** | **U** | **K** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

|  |  |
| --- | --- |
| …/…/20…**Full name and signature of the student** | …/…/20…**Title, full name and signatureof the consulted Academic Member** |