TO THE DEAN’S OFFICE

**FACULTY OF AERONAUTICS & ASTRONAUTICS**

I the undersigned, student at …………… University, Institute/Faculty/School/Vocational School of …………………………………, ………………………………… Department, Daytime/Evening Education Program, grade ……., student number …………………… . I hereby request to be transferred to ………………………………………. Department, grade ………. .

The requested documents are enclosed, and I accept and declare to be aware that I will not claim any rights, and legal action will be taken against me in case of inconsistency with the documents to be sent by the Council of Higher Education.

I kindly request you to take the necessary action.

../..../20...

Full Name and Signature

of the Student

ADDRESS:

NATIONAL ID NUMBER:

TELEPHONE:

E-POSTA:

**Documents:**

1. Transcript (original)
2. Disciplinary Action Document (original)
3. ÖSYM Exam Result Document
4. Course Descriptions (approved)