

**IZMIR INSTITUTE OF TECHNOLOGY RECTORATE**

**TO THE REGISTRAR'S OFFICE**

The program information that I am registered to is given below.

I want to do a Double Major/Minor Program at the Faculty of.....,  
..... Department.

I submit what is needed.

Name and surname

Signature

**Contact information**

Address:

Email:

Phone number:

**Information About the Program You Are Registered To**

Faculty:

Department:

Student number:

Class:

Semester Completed Education:

GPA: