

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

**TO
IZMIR INSTITUTE OF TECHNOLOGY
STUDENT AFFAIRS DIRECTORATE**

I am a student of the Department at your institute. Due to the closure of the selected course(s) for the 20...../20..... Academic Year Fall/Spring Semester, I kindly request the following courses to be changed.

Signature:

Name and surname :

TR Identification number :

Student number :

Faculty / Department:

Address: :

Phone :

Closed Course;

CODE	NAME	CREDITS

Replacement Course;

CODE	NAME	CREDITS

It is appropriate for change.

Course Instructor's;

Name and surname :

Signature :

Date :

Advisor's;

Name and surname :

Signature :

Date :