*Please fill in the Electronic Copy of this form for the courses to be offered every semester, and submit the Printed Copy of the completed form to the Institute of Graduate Studies and Research (IGSR). Incomplete forms will be returned to the Department. Upon the arrival of form, the Institute of Graduate Studies and Research will finalize the application.*

**Part I. Course Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Department/Program*Use capital letters only* |  | Department Code |  |
| Academic Year | 20y y y y - 20y y y y | Semester | [ ] Fall | [ ] Spring |
| Course Code | Course Name | Teaching StaffTitle and Name | Course Credit | Number of Students Expected to Take the Course |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part II. Approval of Department Chair**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Board Meeting Date(if needed) |  | Meeting Number |  | Decision Number |  |
| Department ChairTitle and Name |  | Signature |  | Date |  |

**Part III. Approval of Faculty/School Dean/Director**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Board Meeting Date(if needed) |  | Meeting Number |  | Decision Number |  |
| Dean/DirectorTitle and Name |  | Signature |  | Date |  |

*The Faculty/School should inform the Institute of Graduate Studies and Research by sending the approved form. This form should not directly be sent to the Computer Center by the faculty.*

**Part IV. Approval of Institute of Graduate Studies and Research**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| IGSR DirectorTitle and Name | Prof. Dr. Ali Hakan Ulusoy | Signature |  | Date |  |
| Notes |  |