|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No. | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | **IMPORTANT NOTES:**   * Forms without approvals will not be taken into consideration by the Registrar's Office, and will be returned to the Instructor's Department. |
| Student's Name |  | |
| Department |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Title |  | | | | |
| Course Code | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | Reference Code | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Grade |  |

|  |  |  |
| --- | --- | --- |
| Academic Year | Semester/Session | |
| 20y y y y - 20y y y y | Fall | Spring |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supervisor/ Academic Advisor /  Instructor  Title and Name |  | Signature |  | Date |  |

|  |  |  |  |  |  |  |  |
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| **Approvals**  *No need for the Departmental Board meeting if the Department Chair has been given the approval authority by the Board.* | | | | | | | |
| Board Meeting Date |  | Meeting & Decision Number |  | Evaluation Result  *Put a cross mark* ‘X’ | Approved | | Not Approved |
| Department Chair  Title and Name |  | | Signature |  | | Date |  |
| IGSR Director  Title and Name | Prof. Dr. Ali Hakan Ulusoy | | Signature |  | | Date |  |
| Registrar  Title and Name |  | | Signature |  | | Date |  |

*One approved copy of this form should be sent to:*

* *the Student's Department*
* *the Instructor's Department (if different)*

*by the Registrar's Office.*