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 | **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 |  |

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| Course Title |  |
| Course Code |

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 | Reference Code |

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 | Grade |  |

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

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| Supervisor/ Academic Advisor /InstructorTitle 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 ChairTitle and Name |  | Signature |  | Date |  |
| IGSR DirectorTitle and Name | Prof. Dr. Ali Hakan Ulusoy | Signature |  | Date |  |
| RegistrarTitle 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.*