EQUIVALENCY/TRANSFER FORM

Equivalency/Transfer of Courses Taken at AGÜ

*** Name of Previous Faculty :**

*** Name of Previous Program :**

**** Student ID :…… Name Surname:…… Department:…… Equivalency/Transfer Class/Year: …… Student's Curriculum Year: 20../20..**

Course taken at AGÜ					Equivalent course at AGÜ						
No	**Semester**	**Course Code**	**Course Name**	**Grade**	**Course Code**	**Course Name**	**Credit**	**Ects**	**Grade**	**Required/Elective**	**Group Code (if Elective)**
1											
2											
3											
4											

* (REQUIRED) Information about the Faculty/Program where the student took the course must be provided.
**(REQUIRED) Information about the Faculty/Program in which the student is newly enrolled must be provided.