EQUIVALENCY/TRANSFER FORM

Equivalency/Transfer of Courses Taken at Another University

***Name of Previous University :**

***Name of Previous Faculty :**

*** Name of Previous Program :**

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

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

* (REQUIRED) The information of the higher education institution from which the student took the course must be provided.
** (REQUIRED) The information regarding the student's enrollment at our university must be provided.