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DOUBLE MAJOR / MINOR PROGRAM APPLICATION FORM

I am a student of your university, in the Faculty of …… ……, Department of …… …….., class ……...…….. I have met the double major / minor application requirements. I kindly request that my double major/minor application be evaluated according to the order of preference I have stated below.

…../……/……

Name/Surname

Signature

APPLICATION INFORMATION						
	(This field will be filled by the Student Affairs Department.)				**Does it meet the application requirements?** *(This field will be filled in by the relevant department to which the application is made.)*	
					Yes	**No**
Entry Type	YKS ☐	DGS ☐	Lateral Transfer ☐	International Quota ☐		
Number of semesters studied						
Is there a registration freeze?	Yes Semester: ☐			No ☐		
CGPA						
20% percentile						
Do you have any failed courses?						
The student's success ranking in the relevant year	YKS-SAY		YKS-EA			
Is the quota open?						
Is there a previous record?						

Preference	The Name of Faculty/Department	Point Type	Ranking of the Last Placed Person	Double Major	Minor
1.Preference					
2.Preference					
3.Preference					

Opinion of the Department Head to whom the Double Major/Minor Program is applied:			
Acceptance ☐		Rejection ☐	
Reason for rejection;			
Department Head (Name-Surname, Signature)			