



T.C. İSTANBUL TİCARET
ÜNİVERSİTESİ

TR
ISTANBUL COMMERCE UNIVERSITY
GRADUATE SCHOOL OF.....

**INTERNAL TRANSFER FORM FOR
BETWEEN GRADUATE PROGRAMS**

I kindly request evaluation of my application to transfer between graduate programs based on the attached documents I have submitted as per the Bylaw.

TR IDENTITY NUMBER :
NAME-SURNAME :
STUDENT NUMBER :
PHONE :
E-mail :

CURRENT PROGRAM/DEPARTMENT	
PROGRAM/DEPARTMENT TO BE TRANSFERED	

Student's Name, Surname

Date:/...../20....

Signature:

DOCUMENTS REQUIRED FOR APPLICATION

- Transcript
- Student Certificate
- Document certifying Language Score (in applications to English programs)
- ALES or equivalent exam score (for applications in thesis programs)

NOTE: APPLICATIONS WITH MISSING OR EXPIRED DOCUMENTS SHALL NOT BE EVALUATED.

SHALL BE FILLED IN BY THE HEAD OF DEPARTMENT/PROGRAM

HEAD OF DEPARTMENT/PROGRAM	VIEW BY THE HEAD OF DEPARTMENT/PROGRAM	DATE	SIGNATURE
	<input type="checkbox"/> APPROPRIATE <input type="checkbox"/> NOT APPROPRIATE		

FORWARD TO THE BOARD OF DIRECTORS

DATE :

DIRECTOR OF THE GRADUATE SCHOOL/ SIGNATURE