# STUDENT AFFAIRS DEPARTMENT SPECIAL STUDENT APPLICATION FORM OIDB F13 

## ALTINBAŞ UNIVERSITY

TO THE ..............DEAN'S OFFICE/DIRECTORATE

## STUDENT INFORMATION

| Name, Surname |  |
| :--- | :--- |
| T.C.ID/Foreign ID |  |
| Citizenship |  |
| Date of Birth |  |
| Current University |  |
| Department |  |
| GSM Number |  |
| Address |  |
| E-Mail |  |

I would like to take the courses listed below as a special student in the faculty of
Department during the Academic Year of semester. ...../...../202...

Signature

| Courses To Be Applied |  | ECTS |
| :--- | :---: | :---: |
| Course Code | Course Title |  |
|  |  |  |
|  |  |  |
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ARTICLE 6-(1) Special students are those who are registered at a higher education institution recognized by the Council of Higher Education YÖK), either domestically or abroad, and are permitted to take courses from the University.
(2) Special student status may be utilized for a maximum of two terms during a program. This period may be extended by a deci sion of the Council of Higher Education (YÖK) within the framework of the following conditions, only upon the student's request:
a) If the student has been diagnosed with a serious illness that cannot be treated in the province of residence after enrolling in the higher education institution, or if an existing illness has progressed, as documented by a health board report obtained from a state hospital or a state university hospital.
b) If there is a proposal from the University Board of Directors stating that the student is unable to continue their education at the higher education institution where they are enrolled due to acts such as assault or violence they have been subjected to.

## Additions:

1. Student Certificate
2.Executive Board Decision
3.Identification
2. Proof of English Language Proficiency
