



## Course Substitution Form

Document Code : ÖİM.F.16

Revision No : 0

Date of Validity : 6/25/2018

Page : 1 / 1

<b>Student</b>	Name - Surname:
	Number :
	Department :
	E-Mail :
	Tel : GSM:

FIRST COURSE TAKEN			SUBSTITUTED COURSE		
Code	Course Title	Semester	Code	Course Title	Semester

Signature:

Advisor's Detailed Comment:
Name/Surname: Signature:

### Attachments:

Transcript