**REQUEST FOR COURSE SELECTION FROM ANOTHER DEPARTMENT**

 I am, the undersigned, a student in …………………….. program, ……………………… department of your institute. I respectfully request for taking the couses mentioned hereinbelow. Your immediate attention to this matter is appreciated.

 Date :

 Name Surname :

 Signature :

**COURSES THAT THE STUDENT DESIRE TO SELECT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Name of Course** | **Instructor** | **Credit** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Decision of department that the student enrolled:**

Approved / Unapproved

President of Main Branch of Science

Date / Signature

**Decision of department that the student desire to select course:**

Approved / Unapproved

President of Main Branch of Science

Date / Signature

**Permission of the Institute**

Approved / Unapproved

Date / Signature