

OSTİM TECHNICAL UNIVERSITY FACULTY OF ECONOMICS AND ADMINISTRATIVE SCIENCES ADD-DROP FORM

Date:

I would like to submit the necessary information for my course additions/deletions, which I have indicated in the chart below.

		Surname: Surname: Signature			
Student Number					
Department					
Grade/Year					
Mobile Phone					
E-mail					
Academic Year		20/20			
Course Semester		□ Fall	☐ Spring		
ADD			DROP		
Course(s) I would lil		ke to add	Course(s) I would like to drop		
Course Code	Course Name		Course Code	Course Name	
	· ·		7 .7		
		ection will be filled in by the student's advisor.			
Advisor's Opinion		□ APPROVE		□ NOT APPROVE	
Date : / / 20 Advisor's Name and Surname : Signature :					