

Bilkent University - Course Transfer / Exemption Form

Transfer Student

Name of the Institution Transferred From _____

Exchange Student

Name of the Host University _____

Internal Transfer Student

Name of the Previous Department _____

STUDENT'S

Name	
Surname	
ID Number	
Department	

TRANSFERRED COURSES

Course Code(s)	Course Name(s)	Bilkent Credits	ECTS Credits*
TOTAL			

EXEMPTED COURSES

Course Code(s)	Course Name(s)	Required	Departmental Elective	Non-Departmental Elective	Technical Elective	Non-Technical Elective	Restricted Elective	Bilkent Credits	ECTS Credits*
TOTAL									

Approved by	Signature	Date
Chair:		
Dean / Director:		

* For Erasmus Students Only