

Transfer Application Type	<input type="checkbox"/> Intra-Transfer <input type="checkbox"/> Inter-Transfer Based on GPA (Domestic) <input type="checkbox"/> Inter-Transfer Based on GPA(International) <input type="checkbox"/> Additional Article 1 (Central Placement Score)
Transfer Application Date	
Name and Surname	
TR ID No	
Nationality	
Phone	
E-mail	
Correspondence Address	
University of the Student	
School of the Student	
Department / Program of the Student	
Grade of the Student (Semester)	
Student registered in the Institution of Education in the year	
Exam type of the student registered for the Higher Education Institution	
OSYM Score the Student	
GPA of the Student	
Score Type of Student	
The school in which the student wants to transfer	
Department / Program in which the student wants to transfer	

Date:

Name-

Surname:

Signature: