ISTANBUL MEDIPOL UNIVERSITY

……../…….ACADEMIC YEAR FALL SEMESTER DOUBLE MAJOR APPLICATION FORM

GENERAL INFORMATION	
Full Name	
Student ID Number	
Turkish Republic ID Number	
E-mail Address	
Home Faculty	
Home Department/Program	
Year of Study / Semester	
ÖSYS Score Type and Score at the Time of Admission	

Program to Which the Applicant is Applying

Note: A student enrolled in a major degree program may not apply for a Double Major or Minor program within the same department. Applications submitted in violation of this rule will be deemed invalid and cancelled.

Application Date: Student's Signature:

THIS SECTION IS TO BE COMPLETED BY THE AUTHORIZED FACULTY OFFICE.

Dean's Office Review	**Yes**	**No**
Year of Study / Semester Eligible?		
CGPA Eligible?		
Any Failed Courses?		
Within the Top 20% of the Class?		
Previous Double Major/Minor Enrollment?		
Quota Available?		

Application is Eligible ☐

Not Eligible ☐

Authorized Officer

Full Name:

Title:

Date-Signature: