

İSTANBUL MEDİPOL UNIVERSITY
HEAD OF HEALTH CULTURE and SPORTS

DEPARTMENT OF PSYCHOLOGICAL GUIDANCE

APPLICATION FORM

DATE: _____

Name- Surname: _____

Date of Birth: _____ Age: _____

Gender: Male Female

E-mail address: _____

Phone Number: _____

Grade? Prep. 1. 2. 3. 4. 5. 6. Master's Degree Doctorate

What is your department? _____

Have you ever apply to Department of Psychological Guidance ? YES NO

(If you said yes, when did you make an interview and with whom did you interview?)

Reason of application (write your complaints briefly): _____

For appointment please write your available time periods below-mentioned schedule. (Please state all of your available time periods as much as you can.)

Monday	Tuesday	Wednesday	Thursday	Friday

Your application is going to be evaluated. We will reach you via e-mail. Please check your e-mail address which you shared with us.

Depending on the density, the time it takes for our unit to contact you may vary.

Thank you for your patience.

Department of Psychological Guidance