MEDİPOL
UNV-İSTANBUL
İSTANBUL MEDİPOL ÜNİVERSİTESİ

…./…./…..

TO THE DIRECTORATE OF THE VOCATIONAL SCHOOL OF HEALTH SERVICES
DOUBLE MAJOR APPLICATION PETITION

I kindly request that my application for the Double Major Program for the ……/…… Academic Year Fall/Spring Semester be evaluated.

Full Name
Signature

GENERAL INFORMATION:

Full Name	
Student ID Number	
Turkish ID Number	
E-mail Address	
Mobile Phone Number	
Major Department	
Year / Semester	
ÖSYS Score Type and Score at the Time of Placement	
Cumulative Grade Point Average (CGPA)	

DEPARTMENT / PROGRAM PREFERENCE

Double Major Preference	

Note: A student enrolled in a Major Diploma Program may not apply for a Double Major in the same department. Applications of candidates who make a preference contrary to this rule will be cancelled.

THIS SECTION WILL BE COMPLETED BY THE AUTHORIZED UNIT OF THE VOCATIONAL SCHOOL.

DIRECTORATE REVIEW	**EVET**	**HAYIR**
Is the student's year/semester eligible?		
Is the CGPA eligible?		
Does the student have any failed courses?		
Is the student within the top 20%?		
Has the student previously been enrolled in a Double Major Program?		
APPLICATION STATUS EVALUATION		

OF THE RESPECTIVE OFFICER
Full Name:
Title:

…./…./…..
Signature: