



**EXCHANGE PROGRAM
COURSE REGISTRATION FORM
ACADEMIC YEAR 2016/2017**

SEMESTER: **Name of University you want to apply**.....

Student Name :.....

Student No :.....

1st Year **2nd Year**

Department:.....

3rd Year **4th Year**

	ADVISOR		REGISTRAR	Equivalent GAU Course Name
	Partner University's Course Code	Partner University's Course Name	Equivalent GAU Course Code	
1				
2				
3				
4				
5				

Academic advisor

GAU Registrar

Name:.....

E- mail:.....

Signature:.....

Signature.....

Student signature.....

Date:.....

Date.....

Additional.Comments.:.....
.....

Please submit to International Campuses Office (rectorate building, ground floor)