…../……/2018

**ISTANBUL MEDIPOL UNIVERSITY**

 **TO DIRECTORATE OF GRADUATE SCHOOL OF ENGINEERING**

 **AND NATURAL SCIENCES**

 Acceptance as a special student at your Graduate School at ………………………..…………..…… Department, ……………………………………….. Master/ PhD , I accept and declare that I have information about the following points.

Name Surname:

Signature:

**Explanations:**

* Students who take courses as a special student cannot benefit from student rights.
* As a special student, they can take courses from maximum two semesters.
* As a special student for course registration, they have to get approvel from department and fulfill their financial obligations.
* Students who take courses in special student status, if they meet the requirements of the related graduate program; the acceptance / transfer of the courses they take while they are a special student is carried out by the recommendation of the related department and the decision of the Directorate of the Graduate School.
* Even if the students who are approved to take courses in special student status meet the requirements of the related graduate program; does not mean that they will be accepted into the program.