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| **T.C.**  **SELÇUK UNIVERSITY**  **INSTITUTE OF HEALTH SCIENCES** | | | | | |
| **STUDENT INFORMATION** | | | | | |
| **T.R. Identity No** | |  | | | |
| **Name Surname** | |  | | | |
| **Department** | |  | | | |
| **Student Number** | |  | | | |
| **Date of Birth** | |  | | | |
| **Current Status** | | **Scientific Gratification  Lecture  Proficiency  Thesis** | | | |
| **Your Program** | | **Doctorate  Master’s Degree  Non-Thesis Master’s Degree** | | | |
| **Telephone** | |  | | | |
| **E-Mail** | |  | | | |
| **Where to submit the certificate** | |  | | | |
| I need ….. each of the student certificate and / or transcript documents for the reason stated above.  I kindly request you to take necessary action. …./…./20…  **Signature**  **Student’s Name Surname** | | | | | |
| **EXPLANATION** | | | |
| 1. This form must be filled in on the computer and signed with a blue ink pen. 2. Photocopy of Student ID Card (to be attached if the student does not apply in person) | | | |
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| **Sağlık Bilimleri Enstitüsü Müdürlüğü**  **Konya / TÜRKİYE** | | **E – Mail : sagbil@selcuk.edu.tr** | **Telephone : +90 332 2232453**  **Fax : +90 332 2410551** |