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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** [x]  **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** |