KOÇ UNIVERSITY AUDIT ADD FORM

Student First Name: _____ / Last Name _____

E-mail: _____@ku.edu.tr / Phone (_____) _____

Student ID: ☐ ☐ ☐ ☐ ☐ ☐ ☐

Term: _____ Date: _____

Course (s) to be <u>ADDED</u>: Instructor signature is required for each of the courses. A course can be added only when its capacity is available and it fits the student's schedule.

	Course Code	Section Number	Instructor Name and Surname	Signature
1				
2				
3				
4				
5				

Please fill out all fields above, have your instructor(s) sign and hand this form back to the Registrar's and Student Affairs Directorate (ELC Building Z18).