

 <b>TED UNIVERSITY</b>	<b>STUDENT MOBILITY FOR STUDIES COURSE SUBSTITUTION FORM</b>			
	<b>Document No</b>	<b>Pub. Date</b>	<b>Rev. No / Rev. Date</b>	<b>Page No</b>
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**STUDENT INFORMATION**

Name - Surname			
Student Number			
Faculty / Department			
Grade		Semester	
Receiving Country		Receiving University	
The Academic Year of the Mobility		Exchange Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring

**COURSES TAKEN AND EQUIVALENCY**

Courses in Receiving University				Equivalent courses in TEDU					
Course Code (if available)	Name	Grade	ECTS or Local Credit	Course Code	Course Name	Semester	Grade	Local Credit	ECTS
<b>TOTAL</b>				<b>TOTAL</b>					

STUDENT	<b>THESIS ADVISOR APPROVAL</b> <i>(Only for Graduate students)</i>
Date / Full Name / Signature	Date / Full Name / Signature

<b>APPROVAL OF DEPARTMENTAL COORDINATOR</b>	<b>APPROVAL OF SECONDARY FIELD COORDINATOR</b> <i>(if Secondary Field courses are taken)</i>	<b>APPROVAL OF THE HEAD OF THE DEPARTMENT</b>
Date / Full Name / Signature	Date / Full Name / Signature	Date / Full Name / Signature

\* Upon completing all the signatures, submit this form to the relevant Faculty Dean for the Faculty Decision Board.

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