



TED UNIVERSITY

**STUDENT MOBILITY FOR STUDIES COURSE
SUBSTITUTION FORM**

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KYS-FR-33_ENG

02.02.2026

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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 |
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| | | | | | | | | | |
| TOTAL | | | | TOTAL | | | | | |

STUDENT**THESIS ADVISOR APPROVAL***(Only for Graduate students)*

Date / Full Name / Signature

Date / Full Name / Signature

**APPROVAL OF
DEPARTMENTAL
COORDINATOR****APPROVAL OF SECONDARY
FIELD COORDINATOR**
*(if Secondary Field courses are taken)***APPROVAL OF THE
HEAD OF THE
DEPARTMENT**

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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