



TED UNIVERSITY

STUDENT MOBILITY FOR STUDIES COURSE
EQUIVALENCY FORM

Document No Pub. Date Rev. No / Rev. Date Page No

KYS-FR-34_ENG 02.02.2026 0 / - 1 / 1

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 any)	Name	ECTS or Local Credit	Course Code	Course Name	Local Credit	ECTS
TOTAL			TOTAL			

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

The indicated program has been approved.

APPROVAL OF DEPARTMENTAL COORDINATOR	APPROVAL OF SECONDARY FIELD COORDINATOR <i>(if Secondary Field courses are taken)</i>	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.

UNCLASSIFIED

* Electronic copy output of this document is an uncontrolled copy.

** This document is to be classified as "Confidential" when filled in.