



TED UNIVERSITY

STUDENT MOBILITY FOR STUDIES COURSE CHANGE FORM

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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 TO BE TAKEN AND EQUIVALENCY

Courses in receiving University					Equivalent courses in TEDU				
Course Code (if any)	Course Name	Add / Drop	Reason of Drop	ECTS or Local Credit	Course Code (if any)	Course Name	Add / Drop	ECTS	Local Credit
		<input type="checkbox"/> Drop					<input type="checkbox"/> Drop		
		<input type="checkbox"/> Drop					<input type="checkbox"/> Drop		
		<input type="checkbox"/> Drop					<input type="checkbox"/> Drop		
		<input type="checkbox"/> Add					<input type="checkbox"/> Add		
		<input type="checkbox"/> Add					<input type="checkbox"/> Add		
		<input type="checkbox"/> Add					<input type="checkbox"/> Add		
TOTAL					TOTAL				

STUDENT

THESIS ADVISOR APPROVAL

(Only for Graduate students)

Date / Full Name / Signature

Date / Full Name / Signature

The indicated program has been approved.

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