**To the Directorship of Institute of Educational Sciences**

 **ANKARA**

……/……/..…

I would like to take the course(s) given at ……………………..………………………………………………………………………………………............................. the Department/Division/Master/Doctorate Program of your Institution with code identified below as a special student at Master/Doctorate Level

Yours respectfully,

 **Name and Surname**

 **Signature**

**Address:**

**Telephone:**

**The courses I would like to take as a special student:**

**Course Code Course Name**

**1.** …………….. …………………………………………………

**2.** …………….. …………………………………………………