

**ÇUKUROVA UNIVERSITY**

**INSTITUTE OF HEALTH**

**SCIENCES**

**APPLICATION LETTER TO GRADUATE PROGRAMS**

Date :…/…/….

……. - ……. Education year (in ..……… semester), in the Institute of Health Sciences, Department of …………………… I want to join the ☐ non-thesis master’s ☐ master’s with thesis ☐ doctorate program.

Kind regards.

**Signature**

**Name:**

**ÇUKUROVA UNIVERSITY  
TO THE DIRECTORATE OF INSTITUTE OF MEDICAL SCIENCES**

# APLICANT’S INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **University Graduated From** |  | **Faculty / College** |  |
| **Department** |  | **Academic Year** |  |
| **ALES Score** |  | **ÜDS Score**  **And Others** |  |
| **Foreign Language** |  | **Phone Number (home)** |  |
| **Phone Number (Mobil)** |  | **e-mail** | @ |
| **Address** |  | | |

**REQUESTED DOCUMENTS**

ADDITION I : ALES Copy of Document

ADDITION 2 : Graduation Document and Transcript (Licence Master)

ADDITION 3 : Reference Letter

ADDITION 4 : Scientific Publications (If any)

ADDITION 5 : Faculty Members Who Can Get Information About The Aplicant

**FACULTY MEMBERS WHO CAN GET INFORMATION ABOUT THE APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title-Name-Surname** | **e-mail** | **Phone** | **Address** |
|  | *@* |  |  |
|  | *@* |  |  |

**Our department complies with the quota and admission prerequisites of the relevant program.**

**Signature:**

**Title-Name-Surname:**

**Department/Program Manager**