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| **HEALTH SCIENCES INSTITUTE**  **DEPARTMENT OF …………………………………………….**  **STUDENT QUOTA NOTICE FORM** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Titel, Name and Surname** | **Inst. Registry No.** | **Number of Consultancies Available** | | | **Requested Consultancy** | | |
| **DR** | **MA** | **Non-Thesis Master's Degree** | **DR** | **MA** | **Non-Thesis Master's Degree** |
| 1. Click or tap here to enter text. |  |  |  |  |  |  |  |
| 2. Click or tap here to enter text. |  |  |  |  |  |  |  |
| 3. Click or tap here to enter text. |  |  |  |  |  |  |  |
| 4. Click or tap here to enter text. |  |  |  |  |  |  |  |
| 5. Click or tap here to enter text. |  |  |  |  |  |  |  |
| 6. Click or tap here to enter text. |  |  |  |  |  |  |  |
| 7. Click or tap here to enter text. |  |  |  |  |  |  |  |
| 8. Click or tap here to enter text. |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Number of Students in Your Department** | | | | | | | | |
| **Master’s Degree** | **T.R.** | **Foreign Nationals** | **Doctorate** | **T.R.** | **Foreign Nationals** | **Non-Thesis Master's Degree** | **T.R.** | **Foreign Nationals** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Number of Students in Our Department During Academic Semester of 20… / 20… for the Term of Select an item** | | | | | | | |
| **Doctorate Program** | | | **Graduate Program** | | | **Non-Thesis Master Program** | |
| **T.R.** | **Foreign Nationals** | **Horizontal Transition** | **T.R.** | **Foreign Nationals** | **Horizontal Transition** | **T.R.** | **Foreign Nationals** |
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| **Please inform us about the conditions, if any, to be sought in the student to be admitted.** | |
| **Doctorate** | Click or tap here to enter text. |
| **Doctorate (Foreign Nationals)** | Click or tap here to enter text. |
| **Master’s Degree** | Click or tap here to enter text. |
| **Master’s Degree (Foreign Nationals)** | Click or tap here to enter text. |
| **Non-Thesis Master Program** | Click or tap here to enter text. |
| **Important Note: There should not be more than one (different) requirement for a program belonging to a department. !!!** | |

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| **Department Board Decision Dated ……/……/20….** | | | |
| **Title, Name and Surname** | **Signature** | **Title, Name and Surname** | **Signature** |
| **1.** |  | **7.** |  |
| **2.** |  | **8.** |  |
| **3.** |  | **9.** |  |
| **4.** |  | **10.** |  |
| **5.** |  | **11.** |  |
| **6.** |  | **12.** |  |