



**NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF APPLIED SCIENCES**

MASTER/PhD STUDENTS APPROVAL FORM

| | | |
|--------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Academic Program: | M.Sc <input type="checkbox"/> PhD <input type="checkbox"/> | |
| Academic Year: | 20...../20..... | Academic Semester: Fall <input type="checkbox"/> Spring <input type="checkbox"/> |

PERSONEL DETAILS

| | | | | | |
|--------------------------------------------------------------------|--|---------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|--|
| Name Surname: | | | | | |
| ID No: | | Passport No: | | | |
| Address: | | | | | |
| Mobile No: | | Home No: | | | |
| Date of Birth: | | Nationality: | | Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> | |
| Are you still studying any programme? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| No | | | | | |
| Department: | | | | | |
| DOCUMENTS | | <input type="checkbox"/> Photocopy of Diploma | | | |
| | | <input type="checkbox"/> Transcript | | | |
| | | <input type="checkbox"/> English Exam Certificate | | | |
| | | <input type="checkbox"/> ALES | | | |
| | | <input type="checkbox"/> Other remarks..... | | | |
| Student signature: Date: / / | | | | | |

DEPARTMENT REMARKS

| |
|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> The student can register at the department requested. |
| <input type="checkbox"/> The student cannot register at the department requested. |
| <input type="checkbox"/> Other Remarks..... |

APPROVAL

| | | |
|--------------------------------------------|------------------|-------------|
| Chairperson of the Department | Signature | Date |
| | | |
| Graduate School of Applied Sciences | Signature | Date |
| | | |