



FORMAL APPLICATION FOR TRANSFER OF MAJOR

Date:/...../200...

To The Girne American University Rector

I, _____, student number _____ of the Girne American University, am requesting that my application for transferring from _____ to _____ be approved if possible.

I would like to transfer due to _____.

Kind regards,

Signature

Student Name & Surname

Notes of Admissions Officer:

Approved / Disapproved by the dean of the Faculty transferred from:

Signature of the Dean of the Faculty

Date

Approved / Disapproved by the dean of the Faculty transferred to:

Please evaluate the attached transcript for the possible course transfers.

Signature of the Dean of the Faculty

Date

Prof. Dr. Yıldırım ÖNER
Rector

Date

CC: Registrars Office
Accounts Office
Admissions Office