**NEAR EAST UNIVERSITY**

**Faculty of Pharmacy**

**EXTRA CREDITS REQUEST FORM**

**STUDENT’S PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name-Surname, Student Number: |  |
| Program: |  |
| Semesters studied(8th semester etc.) |  |
| GSM No, E-mail: |  |
| CGPA |  |
| Date: |  |

**20\_\_\_ - 20­­­­\_\_\_ SPRING TERM**

**COURSES**

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| --- | --- | --- |
| **COURSE CODE** | **COURSE NAME** | **CREDIT** |
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|  | **total credits:** |  |

**20\_\_\_ - 20\_\_\_ FALL TERM**

**COURSES**

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| **COURSE CODE** | **COURSE NAME** | **CREDIT** |
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|  | **total credits:** |  |

* Student should declare that he/she is in the 9th semester
* Turkish, History, English and Practice courses are not counted in 22 credits but are included in GPA
* Student cGPA should be greater than 1.8
* Student should not have lessons from 4th or 3rd year that they are taking for the first time.

 **Student advisor’s name Student’s name**

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