**NEAR EAST UNIVERSITY**

**Pharmacy Faculty**

**REGISTRATION FORM**

**2023-2024 FALL SEMESTER**

**STUDENT’S PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name-Surname, Student Number: |  |
| Program: |  |
| Status (new registration, 2nd Semester, 3th semester etc) |  |
| GSM No, E-mail: |  |
| Date: |  |

**COURSES**

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

* Maximum credit is 22
* Regular students cannot take from upper classes
* Transfer students should take from lower classes first then from upper classes
* Turkish, History, English and Practice courses are not counted in 22 credits but are included in GPA

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

sign: ............................................................ sign: ............................................................