14.09.2023

**TO DEANERY OF BAHÇEŞEHİR UNIVERSITY**

**FACULTY OF HEALTH SCIENCES**

I am a graduate student of your faculty, from department of ………..……………....…. and my student number is ………... I graduated from your faculty in the ……..……… semester of the ……/……. academic year. I respectfully request that the documents listed below be prepared in English and delivered to me with ……………………..….. (wet signature/electronic signature) to be submitted to the ………………………..for my foreign equivalence process.

Signature

Name and Surname

CONTACT INFO

E-mail:

Mobile:

REQUESTED DOCUMENTS

Course Contents

Detailed Course Time List

Total Clinical Practice Hours

List of Clinical Application Areas

Clinical Practice Branch Listing

List of Clinical Application Dates