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| **GENERAL INFORMATION** |
| NAME-LAST NAME |  |
| TR ID NO |  |
| STUDENT NUMBER |  |
| E-MAIL ADDRESS (Acıbadem University Student E-Mail) |  |
| FACULTY |  |
| DEPARTMENT |  |
| GRADE/SEMESTER |  |
|  TGPA |  |
| PHONE NUMBER |  |
| RESIDENCE ADDRESS |  |

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| **PROGRAM PREFERENCE** |
| **PREFERENCES** | **PROGRAM**  | **DOUBLE MAJOR** | **MINOR DEGREE** |
| 1.PREFERENCE |  |  |  |
| 2.PREFERENCE |  |  |  |
| 3.PREFERENCE |  |  |  |

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| **STUDENT APPROVAL** |
| I accept and declare that all the information written above and delivered documents are accurate.  |
| STUDENT Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Name-Last Name :Siganture : |
| **STUDENTS AFFAIRS OFFICE APPROVAL** |
| NOTES |   |   |
| OFFICIER Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Name-Last Name :Signature : |