

**ISTINYE UNIVERSITY**

**FACULTY OF PHARMACY**

**COURSE SELECTION FORM**

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| **Student ID:** |  | **Semester / Academic Year:** |  |
| **Name-Surname:** |  |
| **Program:** |  |

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| **COURSES TO BE ADDED** | | | | |
| **Course Code** | **Course Name** | **ECTS** | **Section** | **Academic Advisor Approval** |
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**Date:**

**Student Signature:**