

Study Plan

Name-Surname: ID:.....

Faculty:..... Major:.....Minor:.....

Semester 1 /				
No.	Course No.	Course Title	Credits	Prerequisite
1.				
2.				
3.				
4.				
5.				
6.				
Total Credits				
<i>Total Credits Completed</i>				

Semester 2 /				
No.	Course No.	Course Title	Credits	Prerequisite
1.				
2.				
3.				
4.				
5.				
6.				
Total Credits				
<i>Total Credits Completed</i>				

Semester 3 /				
No.	Course No.	Course Title	Credits	Prerequisite
1.				
2.				
Total Credits				
<i>Total Credits Completed</i>				

****Remark**** The study plan must be made until the total credits are 142.

Study Plan

Name-Surname: ID:.....

Faculty:..... Major:.....Minor:.....

Semester 1 /				
No.	Course No.	Course Title	Credits	Prerequisite
1.				
2.				
3.				
4.				
5.				
6.				
Total Credits				
<i>Total Credits Completed</i>				

Semester 2 /				
No.	Course No.	Course Title	Credits	Prerequisite
1.				
2.				
3.				
4.				
5.				
6.				
Total Credits				
<i>Total Credits Completed</i>				

Semester 3 /				
No.	Course No.	Course Title	Credits	Prerequisite
1.				
2.				
Total Credits				
<i>Total Credits Completed</i>				

****Remark**** The study plan must be made until the total credits are 142.