İSÜ İSTİNYE ÜNİVERSİTESİ İSTANBUL

SUMMER TERM REGISTRATION FORM

To İstinye University Foreign Languages Department,

I would like to register for the summer term classes that will be held between June 16th and July 25th , 2025. I agree to all the terms, attendance and evaluation criteria mentioned in the summer term syllabus for the class I am assigned to.

Name-Surname:

Student Number:

Department:

Spring Term Level/Section:

Signature:

Date: __/__/___

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