

T.C.

ABDULLAH GUL UNIVERSITY

The School of Foreign Languages Directorate

Student Course Schedule Form

	Monday	Tuesday	Wednesday	Thursday	Friday
08:00-08:45					
09:00-09:45					
10:00-10:45					
11:00-11:45					
12:00-12:45					
13:00-13:45					
14:00-14:45					
15:00-15:45					
16:00-16:45					
17:00-17:45					

This document has been prepared at the student's request and contains the student's course schedule for thesemester of the-.....Academic Year.

Student

Approval

No:

Name -Surname:

Date:

Signature: