



Ishik University

Faculty of Administrative Sciences and Economics

Course Substitution Form

Student's Full Name: _____

Department: _____

Student Number: _____

Semester: _____

Class: _____

Course Selected (Name & Code): _____

Course Type (Core / Elective): _____

Course Left (Name & Code): _____

Course Type (Core / Elective): _____

Grade: _____

All Requirements Fulfilled (Yes / No): _____

Student's Signature & Date: _____