

**Republic of Turkey
COUNCIL OF HIGHER EDUCATION**

DEPARTMENT OF RECOGNITION AND EQUIVALENCE SERVICES

I kindly submitted below my request for your information and kindly request you to take necessary action.

Republic of Turkey Identification Nr.: / YU Nr.												
Name												
Surname												
Country of Education												
University Name and Field												
Application Year/Application No.												
Current Address												
	District:	Province:						Country:				
E-mail Address:												
Contact Nr:	GSM	0	5									
	Home/ Work:											
Signature												
Name and Surname of Official Representative												

REASON FOR REQUEST	
I request "Transactions in progress document".	<input type="radio"/>
I take back my application.	<input type="radio"/>
I want to get the originals of documents in the file.	<input type="radio"/>
OTHER:	

- All information is required in UPPERCASE letters and complete.
- In case of name change or multiple name-surname, all names must be specified.
- If multiple transactions are requested, transaction fees must be paid separately.