

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 8th and July 17th, 2026. 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: \_\_/\_\_/\_\_