

CETYS EDUCATIONAL CREDIT APPLICATION

Application No	Date (Day, month, year):		Enroll. No	
1. Applicant genera	ıl information.			
Name:	(Mother's)			
(Father's)	(Mother's)	Nam	ie(s)	
Date of birth:	Place of bi	rth:		
Age: Civil S	tatus:N	Nationality:		
Address:	(No.)		Zip Code	
(Street)	(No.)	(District)		
Telephone:	Cellular:	E-mai	E-mail:	
High School/ Underg	graduate GPA Ne	w Admission Exam ly for new admissions)	points	
Underg. degree from CETYS that you wish to enter: Semester (or you are already studying)				
Scholarship percentage requested% Educational Credit requested:%				
Scholarships reques	ted:			
	support from a scholarsh age% Scholarshi			
2. Information from	the originating school:			
Name of the Institution	on:			
Address:				
City:		State:		
Type of Institution:	Public () Private	()		
Amount of the last se	emester tuition \$			