



Program Completion Notice Form

A. PERSONAL INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Gender:

M F

Date of Birth (DD/MM/YYYY):

___ / ___ / _____

Student ID Number:

Department (currently enrolled):

Current Term (1-8): _____

Current GPA: _____

Expected Graduation Date (Semester & Year):

B. CONTACT INFORMATION

Phone Number (Home): _____

Phone Number (Mobile): _____

E-mail: _____

C. CERTIFICATE PROGRAM INFORMATION

First Term of Certificate Enrollment (Fall/Spring/Summer, Year): _____

Anticipated Term of Certificate Completion (Fall/Spring/Summer, Year): _____

Certificate Courses Taken (Fall/Spring/Summer, Year):

Code	Course Title	Credits	Semester Taken	Letter Grade



D. SUPPORTING DOCUMENTS

1. Students approaching graduation must, one semester in advance, notify the program coordinator using this **Program Completion Notice Form** to confirm completion of certificate requirements. They must also submit **a highlighted transcript of completed certificate courses** before graduation.

2. Feedback and Suggestions:

(Please attach a separate page or write in the space below. Minimum 250 words.)

E. DECLARATION

Date of Notification: ____ / ____ / _____

Signature of Student: _____

F. ACKNOWLEDGMENT

Students admitted to the Certificate Program in Film Studies are subject to the general policies and procedures of the Institute of Film and Media Studies. Your signature above indicates your understanding and acceptance of this.

G. CERTIFICATE PROGRAM APPLICATION APPROVAL (FOR OFFICE USE ONLY)

Signature of Certificate Program Coordinator: _____

Date: ____ / ____ / _____

H. INSTRUCTIONS

Return the filled Program Completion Notice Form to the coordinator of the certificate program on or before the add/drop deadline of your graduating term. Questions regarding the completion procedures of the certificate program or requests for additional information can be directed to: filmcertificate@bogazici.edu.tr