Department of Computer Engineering, Boğaziçi University.

Software Engineering MS Program

Request for Under-load Form

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| **1** | **Your first name and lastname:** |  |
| **2** | **Your student number:** |  |
| **3** | **Your e-mail address:** |  |
| **4** | **Your mobile telephone number:** |  |
| **5** | **The semester you want take less than 9 credits:** |  |
| **6** | **The number of credits you want to take:** |  |
| **7** | **Reason for taking less than 9 credits:** |  |
| **8** | **Any other comments:** |  |
| **9** | **Date and your signature:** |  |