

# Request for Academic Records/Transcripts

## FOR APPLICANT TO COMPLETE BEFORE SENDING TO SCHOOL

My current name **Kenan Ören**

Name of school I attended **Koc University**

I attended between the dates of **2001** and **2005** My birth date **1980**

My name when I attended this school

My other names

My CGFNS ID number (if known) **00000000**

My Order number (if known)

Applicant Signature

My current mailing address

Address

Address

**Istanbul**  
City

State/Province

**34170**  
Post/Zip Code

**Turkey**  
Country

mail.com  
Email address

Telephone number  
(include country code and area code)

Fax number  
(include country code and area code)

## FOR SCHOOL TO COMPLETE

Dear Registrar:

Please complete this section of the form and send it to CGFNS along with the above applicant's academic record(s)/transcripts listing the courses taken, hours of study and grades earned, accompanied by a certified English translation.

1. Applicant name **Kenan Ören**
2. In what language was the applicant instructed? **Turkish and English** Applicant's birth date **1980**  
Month Day Year
3. What was the textbook language for the applicant's program/course of study? **Turkish and English**
4. Program type (e.g., diploma, baccalaureate) **Baccalaureate** Course of study **Nursing**
5. Attendance dates **09 / 2001** to **06 / 2005** Did applicant complete program?  Yes  No  
Month Year Month Year
6. School name **Koç University School of Nursing**
7. School address **Health Sciences Campus Davutpasa Cad. No: 4** **Topkapi**  
Address City  
**Istanbul** **34010** **Turkey**  
State/Province Post/Zip Code Country

Continued on the following page

# Request for Academic Records/Transcripts

FOR SCHOOL TO COMPLETE, page 2

8. School telephone **+902123112601** School fax **+902123112602**

9. School email address **k@ku.edu.tr** School web address **http://son.ku.edu.tr**

10. Is this school accredited or government approved?  Yes  No

By whom? **Turkish Government** Date accredited or approved **03 / 07 / 1992**  
Month Day Year

Is this educational program accredited or government approved?  Yes  No

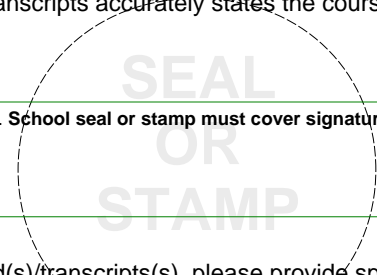
By whom? **Turkish Government** Date accredited or approved **08 / 12 / 1998**  
Month Day Year

I hereby attest that the enclosed academic records/transcripts accurately states the courses taken, hours of study and grades received for this applicant.

11. Registrar signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Do not print, sign entire name. **School seal or stamp must cover signature.**

Print name \_\_\_\_\_ Title \_\_\_\_\_



In addition to attaching a copy of the academic record(s)/transcripts(s), please provide specific hours of theoretical instruction and hours of clinical practice for the subject areas listed below. Please **DO NOT** combine subject areas. If they are combined in your curriculum, please estimate the hours of theoretical instruction and hours of clinical practice in each subject area. Both the completed form and educational academic record(s)/transcripts(s) must be sent directly to CGFNS. All documents must be in English.

	Subject	Theoretical Lab/Ward hours*	Clinical practice hours		Subject	Theoretical instruction hours*
NURSING	Care of the adult - Medical nursing	28	232	HUMANITIES	Art	42
	Care of the adult - Surgical nursing	28	232		English	490
	Maternal/Infant nursing (excluding gynecology)	28	112		Foreign language	0
	Gynecology	2	8		History	42
	Nursing care of children	28	112		Music	0
	Psychiatric/Mental health nursing (excluding neurology)	28	112		Philosophy	42
	Neurology	4	16		Religion	0
	Community health/Public nursing	28	112		Speech	0
	Gerontology/Geriatric nursing	10	12			
	Mental health concepts	42	0			
	Long term care	4	0			
	Acute Care nursing	28	112			
	Physical Assessment	84	56		SOCIAL AND BEHAVIORAL SCIENCES	Anthropology
SCIENCE RELATED TO	Anatomy and Physiology	84+84	0	Archaeology		0
	Microbiology	70	0	Economics		42
	Pharmacology	42	0	Human geography		0
	Nutrition	42	0	Political science		0
GENERAL SCIENCE	Chemistry	168	0	Psychology	42+42	
	Physics	0	0	Sociology	42	

\*Includes classroom education, laboratory and planned clinical conferences (ward teaching) hours. CGFNS must have the breakdown of theoretical instruction hours and applicable clinical practice hours for each of the subjects.

Please send this document and academic record(s)/transcript(s), in English, in an envelope with your seal or stamp over the flap after sealing. Send via airmail to >>

**CGFNS International**  
**3600 Market Street, Suite 400, Philadelphia,**  
**PA 19104-2651 USA**