**ISTANBUL TECHNICAL UNIVERSITY BOOK APPLICATION FORM**

**A. This part will be filled in by the author.**

1. Title of the book:................................................................................................................
2. Category

Document to be printed Review Translation

1. Identify the purpose

Textbook  Auxilary textbook

Review/Proceeding book  Other (please specify)) ….

1. Audience of this book

Associate degree  Bachelor’s degree

Graduate degree  Other (please specify) ….

1. Course code(s) and names of the courses in which the book will be used:.......................................................................................

* Recommended number of prints (Calculated by taking into account the number of students who will benefit from the relevant unit and the principle of consumption within 3 years)

500

1000

2000

Other (please specify) ………

1. Does the author have a prior contract with any publisher? Yes (please specify)
2. Is copyright required for the work to be published?

Yes

No

1. If the work to be published is a translated textbook, is the University required to pay the copyright?

Yes

No

1. If the work is not a first edition, the following information about previous editions should be included:

Name of Printing House: Date of Printing:

Number of Prints: Is the copyright paid or not:

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| --- | --- | --- | --- | --- | --- |
| **Title, Name, Surname** | **Author** | **Editor** | **Translator** | **Academic Unit** University Faculty/Institute/College | **Date and Signature** |
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**B. This section will be filled in by the Dean/Director for course and supplementary textbooks.**

The nature of the lesson(s) in which the work will be used

Compulsory  Elective  Other (please specify) …

1. Recommended number of prints

500  1000

2000  Other ………….

1. Books previously used in the lesson(s):

Names of the authors:…………………………..

Number of prints …………..

3. Referees suggested for the evaluation of the work (at least two referees)

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| **Title and Name, Surname** | **Institution** | **Contact Information** |
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Unit to Approve the Application

Name-Surname of Dean/Director:

Date: Signature: