….../….../…….

**TO THE FACULTY OF DEANERY,**

I hereby want to be disenrolled due to the the reason stated below. Kindly submitted for the necessary action.

Name-Surname :

Turkish ID No :

Student ID No :

Department :

Subject :

Mobile Phone :

Address :

Signature:

Reasons for Disenrollment:

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| --- |
| **Department Chair** |
| Opinion: |  |
| Name-Surname: |  |
| Date-Signature: |  |

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| --- |
| **Financial Affairs Directorate** |
| Does the student have financial responsibility? |  |
| Name- Surname: |  |
| Date- Signature: |  |

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| --- |
| **Student Affairs Directorate** |
| Opinion: |  |
| Name-Surname |  |
| Date- Signature: |  |

|  |
| --- |
| **Library and Documentation Directorate** |
| Opinion: |  |
| Name-Surname: |  |
| Date- Signature: |  |

|  |
| --- |
| **Deanery** |
| Opinion: |  |
| Name-Surname: |  |
| Date-Signature: |  |