…/…/20...

# TO THE STUDENT AFFAIRS DIRECTORATE OF FENERBAHÇE UNIVERSITY,

**Name -Surname :** ...................................................................................................

**Identity Number / Passport Number :** ...................................................................................................

**Place and Date of Birth :** ...................................................................................................

**Father’s Name :** ...................................................................................................

**Mother’s Name :** ...................................................................................................

**Address – City :** ...................................................................................................

**State / Province :** ...................................................................................................

**Street :** ...................................................................................................

**Building Number :** ...................................................................................................

**Home Phone :** ...................................................................................................

**Mobile Phone :** ...................................................................................................

**Subject :** ...................................................................................................

I enrolled in the Faculty / Vocational School of ……………………., Department of……………………. in academic year in your university. I hereby declare that the information given above are true and I request that all notifications to be made by your institution in my student life could be made to this address.

If I do not notify my change of address to the Student Affairs Directorate within 1 week at the latest, I accept in advance that the address I first declared will be valid for the notifications to be made.

# Name- Surname: Signature: