… / … / 20…

**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 :**

**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: |  |

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| --- |
| **International Relations Directorate** |
| Opinion: |  |
| Name-Surname: |  |
| Date-Signature: |  |

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

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